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The Principal School Medical Officer


R C WOFINDEN, MD, FRCP, DPH, DPA

City & County of Bristol



REPORT FOR

1973



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CITY AND COUNTY OF BRISTOL EDUCATION COMMITTEE

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

R. C. WOFINDEN, M.D., F.R.C.P., F.F.C.M., D.P.H., D.P.A.

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.
(Principal Medical Officer, School Health Service)

1973

SIXTY-SIXTH YEAR

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H. S. THOMPSON, M.B.E., B.Sc.

Principal School Medical Officer and
Medical Officer of Health

R. C. WOFINDEN, M.D., F.R.C.P., F.F.C.M., D.P.H., D.P.A.

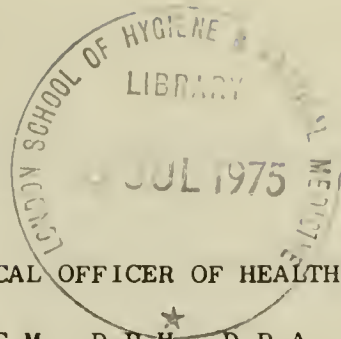
Principal Medical Officer, School Health Service

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

CITY AND COUNTY OF BRISTOL

Population (June 1973)	421,800
Number of pupils on registers of maintained primary, secondary, special and nursery schools (January 1974)	71,046

STAFF



PRINCIPAL SCHOOL MEDICAL OFFICER AND MEDICAL OFFICER OF HEALTH

R. C. WOFINDEN, M.D., F.R.C.P., F.F.C.M., D.P.H., D.P.A.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER AND DEPUTY MEDICAL OFFICER OF HEALTH

J. F. SKONE., M.D., F.F.C.M., D.C.H., D.P.H., D.I.H.

PRINCIPAL MEDICAL OFFICER, SCHOOL HEALTH SERVICE

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

SCHOOL MEDICAL OFFICERS (Joint Appointments with the Local Health Authority)

J. E. Kaye, Med. Dip. (Warsaw), D.P.H.

P. Tomlinson, M.D., D.P.H., D.T.M. & H.

Isabel M. Price, M.B., Ch.B., D.C.H., D. (Obst.).R.C.O.G.

Kathleen E. Faulkner, M.B., Ch.B., D.C.H., D.P.H.

Enid M. Tulloch, M.B., Ch.B., D.P.H.

E. E. Warr, M.B., Ch.B., D.P.H.

J. P. W. Paget, M.D.(Lille), D.P.H.

Jean M. Ross, M.B., Ch.B., D. (Obst.).R.C.O.G. (part-time)

S. J. P. Woods, M.B., Ch.B., D.(Obst.).R.C.O.G., D.P.H.

W. J. Poulson, M.B., B.S., L.R.C.P., M.R.C.S., D.(Obst.).R.C.O.G.,
D.P.H.,

Margaret J. Gibson, M.B., Ch.B., D.C.H. (part-time)

J. C. Cornwell, M.A., M.B., B.S., D.(Obst.).R.C.O.G., D.T.M. & H.

Janet Elphick, M.B., Ch.B. (part-time)

CONSULTANTS - PART-TIME

Ear, Nose and Throat . . J. Freeman, M.B., F.R.C.S., D.L.O.
R. K. Roddie, M.B., F.R.C.S. *

Orthopaedic . . . D. M. Jones, M.B., M.Ch.(Orth.),
F.R.C.S. *

Ophthalmic . . . P. Jardine, F.R.C.S.(E), D.O.M.S.
H. Bannerman, M.B., D.O.M.S. *

Cardiac . . . S. C. Jordan, M.D., M.R.C.P.
(by arrangement with United Bristol
Hospitals)

Orthoptists . . . Mrs. M. Fidler, D.B.O. * (to 30.9.73)
Mrs. K. Bolling, D.B.O. (from 1.10.73)

DENTAL SERVICE (Joint Appointments with the Local Health Authority)

Principal School Dental Officer . J. McCaig, L.D.S., R.F.P.S.

Divisional Dental Officers . G. J. Tucker, B.D.S., D.D.P.H., R.C.S.
M. P. Evans, B.D.S.

School Dental Officers . . R. D. Hepburn, L.D.S.
P. W. Carnie, B.D.S., M.B., B.S.
G. Duggan, B.D.S.
Rene C. Capper, L.D.S.
Ruth A. Yearn, B.D.S., L.D.S., R.C.S.
J. R. Gordon, L.D.S.
Valerie N. Jordan, B.D.S.
R. K. Valteris, B.D.S.
D. Spriggs, B.D.S. (to 28.12.73)
P. L. Thomson, B.D.S. (to 30.9.73)
Margaret J. Leech, B.D.S. (from 1.1.73)
I. C. Shimeld, B.D.S. (from 26.3.73)

Clerical Assistant . . . Miss S. J. Cleary

Orthodontist Miss I. C. Dewar, B.D.S., D.D.O.

CHILD AND FAMILY GUIDANCE SERVICE

Medical Director H. S. Coulsting, M.B., Ch.B., D.P.M. *

Consultant Psychiatrists . W. L. Walker, M.D., D.P.H., D.P.M.
J. Gordon-Russell, M.B., M.R.C.P.,
D.P.M. *
M. J. Gay, M.B., Ch.B., D.C.H., D.P.M.

Senior Psychiatric Registrar I. Lanman, M.B., Ch.B., D.P.M.

Clinical Assistant to
Dr. Coulsting . . B. Walley, M.B., B.S., D.P.H., D.C.H.

Principal Educational
Psychologist . . R. V. Saunders, M.A., B.Ed.

Senior Educational
Psychologists . . N. W. R. Sims, M.A., B.D.
Mr. M. Bennathan, M.Comm., B.A.

Educational Psychologists . N. Jones, B.A., D.M.A. /
Mrs. S. Perks, B.Sc.
Mrs. L. Goswell, B.A.
Miss M. Holder, B.Sc. (to 31.5.73)
Miss P. K. Bowyer, B.Sc.
B. L. Williams, M.Sc.
C. J. K. Anderson, M.A., M.Ed. (from
24.8.73)
J. Stephens, B.Sc. (from 1.9.73)
Miss A. K. Hart, Ph.D. (from 1.10.73)

Lay Psychotherapists . . . Miss K. Hunt, B.A.
Mrs. B. Gibson-Hamilton, B.A.

Head Social Worker . . . Mrs. A. E. Porter

Deputy Head Social Worker . P. J. Darley (from 22.1.73)

Senior Social Workers . . . Miss W. A. Maitland
 Miss M. Porch, B.Sc.
 Miss J. F. Fletcher
 Mrs. H. Corrick, B.A. (to 2.3.73)
 Miss R. Crowch, B.Sc. (to 7.12.73)
 Mrs. M. E. P. Cummings
 Miss P. A. Tyndale, B.A.
 Miss J. A. Cattell, B.A. (from 7.2.73)
 Miss E.R.M. Broomhall (from 10.9.73)

Clerical Staff . . . Mrs. P. Hodges
 Mrs. J. B. Grimes
 Mrs. V. S. Stone
 Mrs. M. Hinman
 Mrs. O. Bowles
 (part-time) Mrs. P. McClure
 (part-time) Mrs. D. Harris
 (part-time) Mrs. D. Vickers (to 1.10.73)
 (part-time) Mrs. L. Coombs

* By arrangement with the Regional Hospital Board
 / Joint appointment with United Bristol Hospitals

CHIROPODY

Chief Chiropodist . . . J. Pugh, F.R.S.H., M.Ch.S., S.R.Ch.
 Deputy Chief Chiropodist . . R. L. Townson, M.Ch.S., S.R.Ch.
 Chiropodists . . . Mrs. D. Simpson, M.Ch.S., S.R.Ch.
 Mrs. M. Parrott, M.Ch.S., S.R.Ch.
 F. W. Lawrence, M.Ch.S., S.R.Ch.
 A. Hynam, M.Ch.S., S.R.Ch.
 Mrs. Robertson-Williams, M.Ch.S.,
 S.R.Ch. (until April 1973)
 Mrs. Gauntlett, M.Ch.S., S.R.Ch.
 (from October 1973)
 Mrs. Rose, M.Ch.S., S.R.Ch.

SPEECH THERAPY

Senior Speech Therapist . . Mrs. Beryl Saunders, L.C.S.T.
 Speech Therapists . . . Mrs. J. Spencer, L.C.S.T.
 Moira G. McKinnon, L.C.S.T.
 Valerie F. Jones, L.C.S.T.
 Paula C. Booth, L.C.S.T. (to 23.2.73)
 Miss P. Blake, L.C.S.T. (to 31.10.73)
 Mrs. H. Sheterline, L.C.S.T.
 (to 31.8.73)
 Mrs. D. Kydd, L.C.S.T.
 Sarah J. Huzzey, L.C.S.T.
 (from 9.7.73)
 Barbara A. Bond, L.C.S.T.
 (from 3.9.73)
 Claremont School
 Mrs. A. L. Wilks, L.C.S.T.
 Mrs. G. L. Bradshaw, L.C.S.T.

AUDIOMETRY

(part-time). . Mrs. A. Climie
Mrs. J. M. Mulberry
(part-time). . Mrs. C. Lahiri

HEARING AND SPEECH SERVICE

Clerical Staff Miss S. J. Kelleher (to 24.8.73)
Mrs. M. C. Beard
Mrs. S. Pople (to 27.12.73)
Mrs. H. Thomas (from 1.10.73)

HEALTH EDUCATION

Health Education Officer . . Miss S. M. Mountford

Nutritionist Miss G. D. Burman

Assistant Nutritionist . . . Miss A. J. Gleghorn (from 22.10.73)

NURSING SERVICE

Director of Nursing Services . Miss M. Marks Jones, S.R.N., S.C.M.,
H.V., N.A.C.

Divisional Nursing Officer . Miss J. N. Marsh, S.R.N., S.C.M.,
H.V., Dip. P.H. Nursing (McGill)

ADMINISTRATIVE AND CLERICAL STAFF

Administrative Officer . . . F. J. Oldfield, D.M.A.

Senior Assistant (Records) . K. E. K. Eddolls, S.R.N., Q.N., D.M.A.

Assistant (Records) E. J. Pike (to 30.11.73)

Clerical Assistants Mrs. H. Wood (to 24.8.73)
Miss M. Portwood
Mrs. K. Barrett
Miss J. C. Spencer
R. Williams
Miss E. E. Starling
S. Shepherd
Mrs. S. Bevan (to 31.1.73)
Mrs. Y. Anderson (to 14.9.73)
Miss C. Prowse
Mrs. L. R. Evans (from 28.8.73)
Miss C. White (from 3.9.73)
Mrs. V. Miller (from 1.10.73)
Mrs. S. Scrase (from 5.11.73)

Clerk/Shorthand Typists . . Miss D. Beaver
Miss P. M. Curtis

Persons, other than those whose names appear in the list of staff, who have contributed to this report are the following:

T. K. Aston, M.R.S.H., M.A.P.H.I., Chief Public Health Inspector.
 Miss J. A. Battersby, Chief Organiser of School Meals.
 Miss S. C. Bingham, Inspector of Schools and Organiser of Physical Education (Girls).
 Miss I. M. Bond, B.A., Head of Kingsweston School for E.S.N. Senior Children.
 J. C. Cummings, Head of Kingsdon Manor School for E.S.N. Senior Boys.
 Mrs. E. Cummings, Head of Croydon Hall School for E.S.N. Senior Girls.
 Miss J. Davis-Morgan, Head of Henbury Manor School for E.S.N. Junior Children.
 Mrs. A. M. de Paolo, Head of New Fosseway School.
 B. M. Dyer, M.B.E., B.A., Principal Careers Officer.
 Mrs. L. A. Everett, M.B.E., Head of Highwood School for S.S.N. Boys
 Barbara Hale, M.B., Ch.B., D.C.H. D.(Obst.).R.C.O.G., School Medical Officer (sessional).
 R. R. Jenkins, Inspector of Schools and Organiser of Physical Education (Boys).
 Miss M. J. McNaught, Head of New Fosseway School for S.S.N. Children.
 A. J. Rowland, M.B., Ch.B., M.F.C.M., D.P.H., Principal Medical Officer (Epidemiology).
 J. N. Tolley, Head of Florence Brown School for E.S.N. Children.
 F. C. Wilkinson, Head of Periton Mead School.
 C. Williams, Head of South Bristol School.
 R. D. Williams, Head of Elmfield School and Director of Services for the Deaf.

INTRODUCTION

To the Chairman and Members of the Education Committee:

I have much pleasure in presenting the Annual Report of the Bristol School Health Service for 1973, the 66th - and final - report in the series.

This air of finality will inevitably permeate the whole of the report as, in addition to being the last full year of the operation of the service under the local health authority, 1973 - or early 1974 - will see the retirement or transfer of several of the senior officers who have been involved in school health work over the years. Notable amongst these is Dr. A. L. Smallwood who will retire early in the New Year after 27 years of excellent service devoted to the health and well-being of the city's schoolchildren. The developments of the service during this time - in which he himself has played a major role - are described by him in an interesting article later in this report.

In June Dr. Sarah Walker retired and, although as Principal Medical Officer in charge of the Maternal and Child Health Service, she was not directly involved with the School Health Service, nevertheless she laid a firm foundation on which the future services can be built. Her successor, Dr. Marie Freeman, will inherit not only the 0 - 5 child services but, on Dr. Smallwood's departure, will also take over the running of the School Health Service to form a combined Child Health Service. This amalgamation will provide a useful stepping stone prior to the transfer of the whole service under reorganisation arrangements in April 1974.

The end of March 1974 will also mark my own retirement after eighteen years as Principal School Medical Officer for Bristol and the end of Dr. John Skone's term of service as my deputy. After holding this post since 1959, Dr. Skone leaves to take up a new appointment as Area Medical Officer for South Glamorgan and we wish him well.

From many points of view 1973 was an eventful year. Whilst preparation for the dual reorganisation of local government and the National Health Service went on apace amidst the ever-rising tide of official publications on the subject, the local scene was brightened by the 600th anniversary celebrations of the granting of the charter to the City and County of Bristol. These events offered many a pleasant diversion during the summer, coming as they did between a period of unprecedented financial stringency at the beginning of the year (when there were real fears of the council being 'in the red' for the first time) and the gloomy depression which enveloped us all as the year closed with yet another energy crisis bringing in its wake the miners' strike and a three-day working week for many other employees.

An interesting evening was staged in the Grand Hotel in May when the manufacturers of Prioderm arranged a symposium on head infestation. A most informative lecture was given by Mr. J. H. Maunder, an acknowledged authority on head lice, and two interesting films were shown, the proceedings closing with refreshments. The large audience of doctors, nurses and health visitors, teachers and other interested staff was made very much aware of this growing blot on our nation's health and the problem was subsequently tackled 'in the field' with renewed energy. It is to be hoped that, having been presented with the unpleasant facts and the means of overcoming them, we shall not allow ourselves to be sidetracked

from the target which must be the complete eradication of the head louse.

The year saw the developing effects of two items of legislation - the Employment Medical Advisory Act, which became operative on 1st February and the raising of the school leaving age to 16 years. Although the latter dated from September 1972 its full effect was not felt until the second half of this year when, amongst other things, applications for certificates for part-time employment increased tenfold and threatened to overwhelm the administration. As far as the new Employment Medical Advisory Service was concerned it developed slowly and is now working well locally in identifying and supervising in their early working days those young people who leave school with some restriction on their choice of employment.

Other noteworthy activities during 1973 were the survey into the orthodontic needs of the city's schoolchildren, using the 12 year old age group as a working sample and the third follow-up of the 1958 cohort of children in England and Wales held under continuous review by the National Children's Bureau. The authority's orthodontist, Miss I. Dewar, refers to the survey (in which the University of Bristol assisted both as to dental resources and also in recording procedures) in the dental section of this report; while Mr. F. J. Oldfield, who leaves to take up a post in the Avon Education Service in April, contributes a short account of the National Child Development Study in Bristol.

These then were some of the main events of the year. However, not to mention the routine work of the service which continued throughout 1973 to help in safeguarding the health of the city's schoolchildren would be an injustice to Dr. Smallwood and all those doctors, health visitors, school nurses and supporting clerical and administrative staff upon whom the day-to-day burden of the service rests. Once again a full programme of medical examinations was carried out, thanks as always to the excellent co-operation of all our colleagues in the hospital, general practitioner and voluntary services. To the Chief Education Officer and his staff, both administrative and teaching, I should like to record my gratitude for their assistance during the past year and throughout my term of office; likewise to the Committee for their loyalty and support during this period. May the School Health Service, despite the clouds of uncertainty which at present seem to be enveloping it, emerge clearer and brighter than ever as part of the reorganised Health Service.

R. C. WOFINDEN

Principal School Medical Officer

SCHOOL CARDIAC CLINIC

S. C. Jordan

The School Cardiac Clinic exists to assess schoolchildren known to have or suspected of having heart disease. In the past year, the incidence of new cases of rheumatic heart disease (previously the largest proportion of patients attending) has continued to fall and only two new cases of suspected rheumatic heart disease were seen.

A total of 15 new cases of congenital heart disease were seen. Most of these have minor lesions which do not require any restrictions in activities. A number of children who have previously been known to have congenital heart disease are also being followed up.

Many children are seen with functional systolic murmurs and their parents reassured at an early stage thus allaying anxiety and preventing the development of cardiac neurosis.

CHILD AND FAMILY GUIDANCE SERVICE

H. S. Coulsting

As this is the final report of the Child and Family Guidance Service under the Local Health Authority it is perhaps pertinent to look at some of the efforts that have been put into planning for the future.

Over the last two years a series of useful meetings has taken place involving all the clinics within Avon and it has been possible to accomplish quite a bit of constructive planning and keep most clinics' staff aware of official developments for the future and ways in which these would affect them personally. Broadly outlined the biggest staff change will concern social workers who will become part of Social Services. This has been seen very positively as increasing their contribution not only to the clinic as a whole, but to the Social Services Department itself in due course, and hopefully the staff will be involved in aspects of the Social Services Department relevant to early treatment and prophylactic aspects of mental health. This promises to be an exciting field of future long term development.

All disciplines within the clinic welcome the fact that social workers will be linked to a parent body and from this link it seems likely that they will be in a position to make a far more effective contribution to the whole mental health field than has been possible within the confines of the Child Guidance Service itself.

The Educational Psychologists will naturally remain with the Education Department, have further improvements in their career structure and, if present plans fructify, become a larger section with some hope of covering the enormous and growing needs for their expertise.

The psychiatrists and lay psychotherapists will transfer such sessions as are financed by the Health Department to the Avon Health Authority so that changes here will be minimal. It is perhaps worth remarking that the increase in number of psychiatric sessions has been lamentably small and certainly very much smaller than that of the other disciplines. It is hoped that a further consultant post will be available to the northern

area of Avon during the year 1974/75, also a third Senior Registrar, which is an advanced training post, should give us greater opportunities to meet some of the demands:

Considerable thought and discussion has been going on as to how best to make use of the skills of various disciplines and one looks forward to some considerable change in pattern of activity over the next decade. There is a far wider realisation amongst the public as well as the professions of the frequency of maladjustment within the community and very positive efforts are being directed towards looking at and beginning to meet the enormous challenge of the emotionally deprived element of the population.

At the point of transfer in April 1974 an interesting situation will arise in the city's clinics where the central clinic in Brunswick Square will transfer to Education and the other clinics, which are all attached to hospitals or health centres, will come under the new health authority. This seems to us an altogether sensible arrangement that clinic bases can be administered by either the Education Department, Social Services, or Health Department, but where all the disciplines would work in the same clinic serving any particular area. This does, however, produce quite considerable administrative problems. It is extremely cheering to report that staff see themselves as more able to provide the sort of service that meets their clients' needs by continuing to work together in teams when this is relevant to the particular situation. This retention of the bridging function by this Service would seem to be one of its valuable contributions and one that one hopes it will be possible to retain under whatever administrative structures the professions concerned are working.

A further valuable result of the various meetings within Avon has been that the basic details of case records have been over the last two years standardised throughout the area and these will in future provide a valuable resource when we are able to attempt an evaluation of needs within the community and ways of meeting them.

It is pleasant to record that overall the clinic staff are anticipating rewarding and interesting developments in the near future and many signs of refreshing changes of approach can be seen throughout the Service.

STATISTICS

	1972	1973
Psychiatric		
Diagnostic interviews	683	608
Treatment interviews	1,966	2,137
Parent interviews	206	209
Others interviewed	93	91
Other visits	52	92
Psychological		
Examinations	696	609
Treatment interviews	627	473
Parent interviews	194	240
Other interviews	154	229
Home visits	19	42
Other visits	123	-
Social Work		
Parent interviews	3,625	4,032
Others interviewed	228	271
Home visits	1,418	1,525
Other visits	270	481

CHILDREN'S CHEST CLINIC

Barbara Hale

The Children's Chest Clinic has continued to see children referred with recurrent attacks of bronchospasm, hay-fever and associated allergies and upper respiratory tract infections.

The latter group of children responds well to physiotherapy and short wave diathermy and can usually be discharged within a year. The children with severe allergies are given repeated courses of desensitising injections which usually result in a considerable improvement in symptoms.

The larger group of children with bronchospasm requires much longer supervision. A considerable amount of time is devoted to the parents, thus enabling them to discuss their anxieties and problems in relation to the child. Social problems often play a primary role and a greater understanding on the part of the parents enables them to give better psychological support.

Asthma is a disease where the whole child in his entire environment must be assessed and it can more easily be achieved in a leisurely type of clinic.

Statistics

No. of patients	75 (including 1 pre-school child)
New patients	21
No. of attendances	220
Course of desensitisation injections	3
Skin tests	4

Referrals

Physiotherapy - Breathing exercises	
and/or postural drainage	20
Short wave diathermy	5
Hearing assessment	1
Hear test	3

1 child was also treated for enuresis

CHIROPODY SERVICE

J. Pugh

Children's Shoes (H.M. Customs & Excise Notice No. 714)

It is no secret that chiropodists consider most ailments of the feet to be attributable to footwear. This may well apply to children or to adults. Although the table of statistics for 1973 indicates that the schoolchildren's clinic treated mainly Verrucae (not caused by ill-fitting shoes), it is considered that the above notice merits some mention.

With the introduction of V.A.T. a revised notice relating to children's footwear and clothing was published. H.M. Government accepted the MONRO Committee's recommendation that children's shoes should be zero-rated, provided that they conformed to certain criteria outlined in

Notice No. 714. Sandals were also zero-rated, provided that the front and back were closed. This is to be regretted as open-toed sandals are excellent footwear for children in hot weather. However, one must be thankful for small mercies, and the freeing of all other types of footwear from a positive V.A.T. rating was a right decision for which parents will be grateful.

		Attendances	
		1st	Other
Infective origin	Verrucae	2,026	6,565
	Tinea pedis	27	31
	Septic lesions	2	-
Orthopaedic anomalies	Hammer toe	10	17
	Metatarsalgia	16	21
	Pes cavus	4	5
	Hallux valgus	11	3
Nail conditions	Ingrowing	51	99
	Septic	6	-
	Other	18	58
Corns		136	197
Other conditions		86	15
		<hr/>	<hr/>
		2,393	7,011
		<hr/>	<hr/>

Total treatments 9,404

Total sessions 525

(A reduction of 2,841 treatments and 64 sessions from 1972 due to shortages of establishment.)

DEATHS OF SCHOOLCHILDREN

During 1973 the number of deaths of Bristol children of compulsory school age (5-16 years) was 25, 16 boys and 9 girls.

Causes of death were as follows:

	Age in years	Boys	Girls
Brain Tumour	9	1	-
Leukaemia	14	1	-
"	14	-	1
Fallot's tetralogy	8	-	1
Sub-endocardial fibro-elastosis	6	-	1 *
Broncho-pneumonia: congenital hepatic telangiectasis	12	-	1
Broncho-pneumonia: cerebral damage and mental retardation	15	-	1
Broncho-pneumonia: cerebral damage and mental retardation	5	-	1 *
Status asthmaticus	11	1 ∅	-
" "	5	-	1
Road accident	5	1	-
" "	12	1	-
" "	7	1	-
" "	11	-	1
" "	6	1	-
" "	8	1	-
" "	12	1	-
" "	8	1	-
Other accidents: Air	7	1	-
"	13	1	-
"	12	1	-
"	11	-	1
"	12	1	-
Asphyxia	15	1	-
Climbing	15	1	-
		16	9

* Not attending school.

Ø Attending school outside Bristol.

It will be seen that accidents claimed 15 of the 25 deaths.

Of the eight due to road accidents, seven concerned pedestrians knocked down by motor vehicles on the public highway; the other was a cyclist.

The Swiss Air Disaster of 10th April resulted in the deaths of five Bristol children, including two brothers from one household and a brother and sister from another.

Two fifteen year old boys died on holiday, one buried in a sand dune and the other from a fall while rock climbing.

DENTAL CLINICS

J. McCaig

The staff of Bristol's School Dental Service is at full strength - an unusually happy state of affairs compared with most other Authorities. The number of Dental Officers has almost doubled in the past ten years from 9 in 1963 to 16 in 1973. Recruitment to the staff in the past year or two has been much easier, due to the effort of the Health Committee in making the life and work of the School Dental Officer more attractive by building new clinics and health centres and equipping the dental departments with modern and adequate means for the dental treatment of school-children. Also, Bristol is an attractive city to work in and close liaison with the University Dental School has played a major part in keeping the staff at full strength.

The report on the review of Bristol's Dental Services by the Dental Officer of the Department of Education and Science was received in April. The report commended the Authority on having maintained a satisfactory service and expressed approval of future plans. These include increases in the number of surgeries (with a corresponding increase in staff) and the introduction of trainee dental surgery assistants who will have additional responsibilities in the field of preventive dentistry. Any scheme of preventive dentistry is greatly helped by fluoridation of the public water supply. Bristol City Council has approved in principle the Health Committee's recommendation to fluoridate, but any further action will require the agreement of all Authorities sharing the city's water supply. While waiting for this, other preventive measures should be considered - application of fluoride to the teeth of schoolchildren, fissure sealants which are becoming more effective every day, and group prevention by introducing fluoride rinses for children at schools. It is recognised that the most effective dental health education is undoubtedly carried out at the chairside by the Dental Officer together with his staff. Unfortunately this is not possible where most of the dentist's time is given to repairing the ravishes of dental disease, so dental health education must be taken into the schools. The Primary Teachers' Panel in Bristol plays an important part in this and, at a meeting with them this year, a report from the Nutritionist, Miss Burman, on 'Operation Apple' revealed that 52 primary schools receive a regular supply of apples. The Nutritionist introduced 'Operation Apple' to the schools to counteract obesity in schoolchildren, which is a great problem; however, the increase in sales of apples in schools has a 'spin off' in effective dental health by a reduction in the sale of sweets. Diet is becoming increasingly important, but it is a complex problem. Evidence shows that increased sugar intake is associated with increased dental decay, therefore the sale of apples in schools has to be commended. Sugar intake should be limited, not just by reducing sweet eating but by a reduction of sugar in beverages and cake consumption.

Public attitudes to dental disease are steadily improving; in the past there has been too much concentration in dental treatment, but recent advances in preventive dentistry have opened up great possibilities for the future.

The statistical table at the end of the report shows the work done during 1973 in the dental clinics.

This is the last report of the Bristol School Dental Service which

will no longer exist after 31st March 1974. On 1st April 1974 the dental staff will transfer to the National Health Service, joining with staff from South Gloucestershire and North Somerset as part of the new Avon Health Authority. It is appropriate that the report on Bristol's Dental Services from the Department of Education and Science should have been received in time for the changeover; Bristol Local Authority can now be assured that they are transferring a sound and satisfactory dental service to the Avon Health Authority.

Miss Dewar, the Orthodontist, reports:

Orthodontic treatment is carried out at three centres - eight sessions at Central Health Clinic, one session at Portway Clinic and one session at William Budd Health Centre. This avoids excessive travelling for these patients, although they all have to make one visit to Central Health Clinic for comprehensive x-rays of the jaws before treatment is initiated.

I also visit other clinics to screen patients for orthodontic treatment and advice when requested by the dental officers. Patients are referred from some clinics to the Dental Hospital's Orthodontic Department for undergraduate teaching purposes.

The number of patients receiving treatment is increasing and the fact that so few discontinue treatment is a sign of their appreciation of being offered such a service.

Technical facilities ought to improve when the recommendation of the Committee to increase the staff by one technician for five sessions per week is implemented.

In conjunction with the University Department of Public Health a survey is being undertaken on the orthodontic needs of twelve-year-old children attending both maintained and non-maintained schools in the city and it is hoped that this information will be of value to the new Area Health Authority.

EAR, NOSE AND THROAT SERVICE

Weekly E.N.T. sessions have continued throughout the year under Mr. R. K. Roddie and Mr. J. Freeman, by arrangement with the Regional Hospital Board, and particulars of attendances are given below:

	1973			1972		
	First	Other	Total	First	Other	Total
Ears	244	154	398	269	148	417
Nose and throat	272	177	449	248	122	370
	516	331	847	517	270	787

HEARING AND SPEECH SERVICE

J. E. K. Kaye, E. M. Tulloch, I. M. S. Price

As this is the last report of the Service as run by the Bristol Local Authority, it would be appropriate to look back over the years since hearing assessment developed as a separate Service under the aegis of the School Health Service.

Ten years ago the Institute for the Deaf kindly placed at our disposal a small room in their offices at King Square. This, together with other rooms in common use for hearing assessment work, became the centre from which this extended service was run.

By the end of 1963 three special units, each accommodating ten partially hearing children, had been set up in primary schools by the Education Department; provision for six partially hearing boys and three partially hearing girls of secondary age had also been made at Greenway Boys' and Pen Park Girls' Schools respectively.

The following year saw the further development of the Service from its present premises at Clifton Hill and, although some hearing assessment had been done in infant schools since 1952, it became possible to conduct routine audiometric screening in infants' schools on a much more organised basis during the children's first year of attendance. Children failing the initial audiometric test were followed up with a full assessment at the Clifton premises.

Figures for 1964 were as follows:-

Number of children tested at school	4,850
Number of children failed test	1,709 (35%)

The follow-up sessions provided a regular flow of patients for treatment at the clinic and as the Service developed use of it began to be made by neighbouring Authorities. Additional professional staff were recruited and trained both in service and by attendance at suitable courses (run usually in conjunction with the University of Manchester) with the result that for several years now a full programme of assessment, treatment, educational placement and parental guidance has been undertaken at the clinic by the team consisting of E.N.T. consultant, educational psychologist, specialist medical officers, senior speech therapist, teacher of the deaf, audiometricians and nurses.

The number of partial hearing units has now grown to six in primary schools and two in secondary schools, and more are planned for the near future.

The supporting clerical staff has needed strengthening correspondingly and whilst one full-time clerk was sufficient for the first few years, three are now needed to cope with the workload. Miss Susan Kelleher, who saw the Service develop from its earliest days, left in August 1973 and was succeeded by Mrs. Maureen Beard, who was already on the clerical staff of the clinic.

The equivalent of two full-time audiometricians now undertake the screening and, whilst as a result of longstanding difficulties in obtaining suitable staff the hearing screening programme fell badly behind

schedule during the intervening years, the staffing position has been steady for the last two years. This has enabled an all-out attack to be made on the backlog so that in 1972 peak figures were reached as follows:

Number of children screened	10,433
Number of children failed test	1,947 (18.7%)

The current year's figures show a dramatic fall, which indicates that the backlog has been cleared and the programme of dealing only with this year's intake of children is absolutely up to date. The audiometricians have thus been able to devote their efforts to the full assessment clinics.

A full comparison of the figures for 1972 and 1973 is as follows:-

	1973	1972
Total number screened	3,969	10,433
Total failed	511(12.9%)	1,947(18.7%)
Follow-up clinics:		
Total examined	3,136	3,753
Number with no significant hearing loss and discharged	1,290	1,684
Number with slight hearing loss and still under observation	1,555	1,701
Number referred to E.N.T. Consultant	161	216
Number referred to Hearing Assessment Clinic for full assessment	9	19
Number already under treatment	121	133

Other comparable statistics are given below:

		1973	1972
No: new cases referred		739	765
Total attendances (new cases)	under 5	610	596
	over 5	<u>414</u> 1,024	<u>514</u> 1,110
Total attendances (old cases)	under 5	286	250
	over 5	<u>1,024</u> 1,310	<u>918</u> 1,168
Total attendances at Medical Officers' sessions		2,334	2,278
Attendances at E.N.T. Consultant sessions	under 5	99	101
	over 5	<u>364</u> 463	<u>320</u> 421
No: referred for E.N.T. treatment		185	206
No: referred for psychological assessment	under 5	29	41
	over 5	<u>66</u> 95	<u>57</u> 98
Attendances for auditory training and parent guidance by Teacher of the Deaf		<u>157</u>	<u>551</u>
Total attendances of children at the Hearing and Speech Centre		3,049	3,348

Source of Referral:

No: referred by:	Medical Officers	260
	Consultants	107
	Health Visitors	169
	General Practitioners	119
	Psychologists	2
	Speech Therapists	12
	Others	<u>70</u>
		<u>739</u>

Analysis of New Cases:

Number of:		1973	1972
Profoundly deaf	under 5	3	2
	over 5	2	1
Profoundly deaf with other handicaps	under 5	-	2
	over 5	-	-
Partially perceptive deafness - bilateral	under 5	5	14
	over 5	11	16
Partially perceptive deafness - unilateral	under 5	1	1
	over 5	13	16
Partially perceptive deafness with other handicaps	under 5	7	-
	over 5	1	2
Partially conductive deafness	under 5	8	39
	over 5	18	51
No significant hearing loss but other handicaps	under 5	3	12
	over 5	2	8
Referred for speech therapy		98	111
Referred for Speech Team		35	32
Hearing aids issued	Commercial	36	17
	National Health	22	20

The Service is now well established and is fully used, rates of referral remaining fairly constant. The regular flow of visitors - both lay and professional, from the city and from far afield - bears witness to the position the Service now holds among those engaged with children suffering from hearing and speech impairments and it is hoped this situation will be maintained and further developed when the National Health Service assumes responsibility in April 1974.

EMPLOYMENT OF CHILDREN

During the year 2,010 children were examined in order to ascertain their fitness for part-time employment. Work permits were issued as follows:

	1973			1972		
Employment	Boys	Girls	Total	Boys	Girls	Total
Newsagents	255	78	333	146	46	192
Others	258	1,419	<u>1,677</u>	65	127	<u>192</u>
			2,010			384

This tremendous increase over last year's figures was very largely due to the raising of the school leaving age.

CHILDREN IN ENTERTAINMENTS

During the year 36 boys and 13 girls were medically examined for licences to appear in pantomime and one B.B.C. television show.

ENURESIS CLINICS

J. Paget

In 1973, 294 children attended the clinics; of these 142 were new cases and 152 continued attendance from the previous year. The total number of attendances made was 1,439 - a slight increase compared with 1972. 151 patients were treated with a buzzer, and during the year a further addition was made to existing stocks, greatly facilitating treatment by a method which has proved successful in many cases. As in the past, the drugs imipramine and amitriptyline were found helpful in a number of cases.

It is considered, however, that a crucial role is played by the doctor in his explanation to the parents to relieve their anxiety over the problem as well as in his sympathetic attitude to the child who, all too often, has been made to feel guilty or ashamed by parents and siblings. A number of Children with emotional problems, too serious to be dealt with at the Enuresis Clinics, were referred to the Child and Family Guidance Clinic and, as a rule, these were sent back to us when it was felt that a more specific treatment could be resumed. On the other hand, some children who had never attended these clinics before were referred by the Child and Family Guidance Clinic for treatment with the enuresis alarm.

In summary, and judging by the results, it can be said that, provided the doctor takes a keen interest in the problem, has enough time at his disposal and the right sort of equipment is available, the Enuresis Clinics fulfil a useful role and form an essential part of the practice of Community Medicine.

EYE CLINICS

P. Jardine

During the year 3,269 children were examined with a total attendance figure of 4,239. Comparable figures for 1972 were 4,304 children with 6,230 attendances. Orthoptic department figures for attendances at the Central Health Clinic and the Mary Hennessy Clinic also showed a decrease - 2,910 in 1973 compared with 3,867 in 1972.

Operations performed at the Bristol Eye Hospital on Bristol school children totalled 143 - 104 for squints, 1 for cataracts and 38 others: corresponding figures for 1972 were 191 operations - 159 for squints, 6 for cataracts and 26 others. Regular visits were arranged throughout the year to examine the vision of handicapped children at Claremont and South Bristol Schools.

The figures for clinic work were low because Dr. Nanjundaswami left in May and had not been replaced by the end of the year.

HANDICAPPED CHILDREN AND SPECIAL SCHOOLS

BLIND CHILDREN

At the end of 1973, 2 children (1 boy and 1 girl) were being maintained at the Ysgol Penybont, Bridgend. These children come home each weekend in transport provided by this Authority and this arrangement is made use of by other neighbouring Authorities also maintaining children at the Bridgend School. In addition one boy was following a further course at the Royal Normal College, two other boys continued at Worcester College for the Blind, and one girl was in attendance throughout 1973 on a course of further educational training at the Birmingham Royal Institution for the Blind.

PARTIALLY SIGHTED CHILDREN

In December 1973 there were 21 partially sighted children at South Bristol School (10 Bristol children plus 11 out-county children). Being maintained as boarders were one boy at the West of England School for the Partially Sighted, Exeter, and one girl at Chorleywood College, Rickmansworth.

DEAF AND PARTIALLY HEARING CHILDREN

R. D. Williams

Elmfield School for the Deaf

1973 was an eventful year for the school. Agreement was given by the Department of Education and Science for the planning and costing of a new school building. A site in the present school grounds was cleared and plans submitted. The D.E.S. disagreed firstly with the plans, then with the suggested costs, and, finally, the economic climate overtook us and a 'temporary' freeze on new building was declared.

The number of children in school stayed around 57 and we were able for the first time in years to absorb most of the current waiting list. This was partly due to a large (by our standards) group of children leaving school.

Those who left took varying types of employment - apprenticeships in hotel catering, engineering, boat-building, training in plastic and fibre-glass moulding, computer operating and semi and unskilled trades.

For the first time a teacher of the deaf was appointed to undertake responsibility for Careers, Further Education and training of deaf and partially hearing school-leavers. Much needs to be done in this field.

Our children did well in swimming during the year. Three of them won four championship Cups at the National Deaf School Swimming Championships, one represented Britain at the Deaf Olympic Games in Sweden, and two represented Bristol in Hanover, Germany.

A number of journeys took place, to the Black Mountains, Longleat, docks, factories and other places of interest. All these journeys are planned in the context of classroom projects.

The three in-service trainees, experienced teachers seconded to the school in 1972, will be sitting for the diploma of the National College of Teachers of the Deaf in March 1974.

Partially Hearing Units

The major change in 1973 was the opening of two new classes, at Petherton Road Infants and Tynning Junior Schools. At the time of writing this report the children and teachers have already settled in well through the kind co-operation of the Head teachers and staff.

The opening of the units has brought the total of classes to eight and has allowed us to cut back on the waiting list as well as cutting down time needed for the children to travel from home to school.

The success of the scheme is now being seen by children at Hengrove taking C.S.E., 'O' level and 'A' level examinations which would have been thought an extremely doubtful if not impossible exercise 10 years ago.

Peripatetic Service (School and Pre-School)

This aspect of the service was short staffed for a large part of the year. One of the teachers dealing with babies at the Clinic left Bristol and one who worked with school-age children took a course in advanced social work for one year in Cardiff University. We have wanted an appointment like this for some time so that liaison between educational and medical personnel and parents could be strengthened.

In the meantime the work of diagnosis, assessment, auditory training and speech work continued with a large case-load for each member of staff.

General

A specialised service of this nature could not continue without the unfailing help and kindness shown to us by so many in the educational, medical and welfare fields. We are most grateful and hope that this constructive multi-disciplinary co-operation will long continue.

Residential Schools for the Deaf

In addition to the children at Elmfield, deaf children were being maintained at the following residential schools:

	Boys	Girls	Total
Burwood Park School, Walton-on-Thames	1	-	1
Larchmoor School, Stoke Poges, Bucks.	-	1	1
Mary Hare Grammar School, Newbury	1	-	1
Royal School for the Deaf, Exeter	3	-	3
	5	1	6

Also, from May 1973 the tuition fees of one deaf boy were being paid at Hamilton Lodge School, Brighton.

EDUCATIONALLY SUB-NORMAL CHILDREN - DAY SPECIAL SCHOOLS

Henbury Manor School

Miss J. K. Davis-Morgan

Since this is the last report to be made under the old regime, it might be of interest to record that this day school for E.S.N. pupils has provided a sheltered school-cum-home atmosphere for over 1,000 children during the years 1946 - 1974.

During those twenty-eight years seven members of teaching staff have obtained headships and one has become an Inspector of Special Schools. The present headmistress, who opened the school at Newfoundland Road in June 1946, has been loyally served by a devoted and dedicated teaching and lay staff.

The situation and setting of the Manor in secluded grounds opening on to woods and fields, yet with immediate access to swimming baths, library and shops and within easy reach of the city, is admirable for E.S.N. children and creates an atmosphere not easily achieved in a purpose-built school.

One hopes that the entry into a new and larger County will not diminish the personal relationship between school and administration and that reorganised programmes will be made with the interest of the children in mind.

Florence Brown School

J. N. Tolley

Last year's report mentioned the intended development of provision in the school for a small group of maladjusted children, and the plan to offer better facilities for the leavers by September 1973.

At the time of writing these notes - January 1974 - we are, as a nation, beset with industrial disputes and problems which clearly are going to have an extremely adverse effect on our leavers' prospects in employment. It is sad to have to record, therefore, that our hopes of better facilities in September 1973 have not been fulfilled as yet; but being by now inveterate optimists we have our sights on April 1974 for the move to premises at Redcross Street to establish a real leavers' unit and work training centre. Certainly 1973 has seen the extension of our existing workshop facilities, now limited solely by the space available. Many local firms are helping already with this project, and have offered expensive machines as well as tasks to perform with them. Our 'Avoncraft Centre' is well known to many through the work carried out there, more especially in the field of printing.

Our 'Remedial Unit' is now providing for a small number of maladjusted E.S.N. children - all boys at present and, being aged 9-11 years, rather older than we had hoped. Small as it is this group is a great strain on the staff concerned, and clearly we ourselves have much to learn. Nevertheless our aims are beginning to be realised as some of the children become ready for integrating into the main school, whilst others beset with problems in their home backgrounds which we are not staffed to meet, are beginning to indicate a need for residential placement.

In a recent survey of the types of handicap our children present we have been concerned, but not surprised, to find that some thirty children out of our roll of 180 need the kind of help one would find in a school for E.S.N.(S) children. Repeated failure to find such places for these children is making a mockery of our Assessment Unit which finds itself having to retain quite unsuitable children long after the assessment period. And every one retained in this way keeps out another child from our persistently long waiting list (almost constantly around 30 despite increasing our overall accommodation from 150 to 180 in 1972). This situation calls for a most rigorous examination by the Authority of the total accommodation for children in the various handicap categories, some new and original ideas for temporarily but immediately meeting the deficit of places, as well as adequate forecasts and plans for the future. These

are some of the real problems which will confront the new Avon Authority on April 1st, 1974.

Kingsweston School

Miss I. M. Bond

There is a constant demand for places as our numbers have increased; we have created new class groups and raised the numbers in most classes. We are still catering for a variety of handicaps added to the E.S.N. classification and the pupils at present are still of secondary age.

The work is always being developed and we have again been able to engage in community service, especially with Old Age Pensioners on the lines of Duke of Edinburgh Award Scheme.

Interesting link courses have been arranged with colleges and schools - catering, mechanical engineering, building construction, typing, carpentry, metalwork, and an electric sewing machine course, resulting in a wider variety of employment being obtained for the leavers.

Another important and valuable extension of the work here has been the development of treatment given by the specially trained teacher for dealing with specific problems.

This year too, marks the establishment of a club, at present on one evening in the week.

May I conclude with an expression of our appreciation of all the work and support Dr. Smallwood has given us - we wish him well.

Highwood School

Mrs. L. A. Everett

All pupils have been screened by a specialist from the Hearing and Speech Clinic and, through this service, one boy has been fitted with a hearing aid which is proving extremely beneficial. Weekly visits are also being made to this boy by a visiting teacher of the deaf and good results are being achieved. An educational psychologist visits the school each week and benefits have been gained through the introduction of a language programme. Industrial skills assessment scales have also been introduced.

A school leavers conference has been established and it is anticipated that an admissions conference will be introduced.

Children from the community now take their mid-day meal at the school. This change of procedure has been very beneficial to those children involved. The meal is supplied by the kitchen of a local primary school.

A precedent was created during the Spring Holiday when six boys spent a week at Barton Camp with children from a local primary school. The experiment was a tremendous success. The majority of our pupils now attend the public swimming bath each week. Several certificates have been awarded and one boy has gained the one mile certificate.

The erection of two mobile classrooms is planned for the immediate future, completion date being 31st March, 1974. This project will also involve the installation of a larger oil-fired boiler, giving improvements to the present heating system. One of the new classrooms will accommodate a class of severely disturbed children at present being taught on a ward. The opportunity for this group of children to attend

the main school should prove extremely beneficial. To prepare these children for the transfer to the new classroom, activities have been organised to take place outside the ward situation. The children are responding and results are very encouraging.

New Fosseway School

Mrs. Monica De Paolo

The number of children on roll remains at 170. 17 pupils left the school last year and 14 have been admitted. There are ten more boys on roll than girls.

The number of general assistants within the school has been increased and there is now approximately one general assistant to every 13 children. One, newly appointed, is a registered nursery nurse. The number of teaching staff has also increased and we are now fortunate enough to have a member of staff concerned solely with physical education.

Two new classrooms have been erected which has helped to ease the general overcrowding to some extent. There will also be a Unit for 30 infant children opening at the start of next summer term in Westbury Park. Some children will transfer from New Fosseway, others are rising five years and will be requiring a place in school over the next few terms.

These additions in building provision have enabled the size of the classes to be reduced in number to approximately ten children per class, meeting the recommendations of the Department of Education and Science.

A successful Play-group fortnight was organised by the L.E.A. on the school premises during the summer holidays.

We have had pupils from other local schools coming in regularly over the last two terms to help in school. This has proved a valuable public relations exercise.

Special Classes for E.S.N. Children in Ordinary Schools

During 1973 11 special classes for educationally sub-normal children were opened, 5 in primary schools and 6 in secondary schools. By the end of the year there were 172 classes altogether, 73 in primary and 99 in secondary schools.

Other day provision for E.S.N. Children

During the year the Committee continued their responsibility for Bristol children at the following schools:

3 boys and 1 girl attending Warmley School, Warmley.

8 boys and 4 girls attending Stokesbrook School, Filton,
and 1 girl attending Ravenswood School, Nailsea.

Residential School Provision for E.S.N. Children

Kingsdon Manor School

J. C. Cummings & J. P. Mahony

As this year will see the transition from Bristol Authority to that of Avon, it might be appropriate to give a short history of Kingsdon Manor School whilst it was under the Local Authority of Bristol.

It can be most easily divided into three periods: the first can be

most readily described as that of the 'Pioneers', followed by 'Settlers' and, dare we say, by the present 'Developers'.

The first period was in the change-over from the 'Cedars', Swindon. This school had been started by the Authority in 1944 with Mr. Morris as Headmaster and his wife as Matron. For four years approximately twenty boys were in residence, some few having to stay at school all the year round. In October 1947 the Authority were given permission by the Ministry to lease Kingsdon Manor as a special school for 40 senior educationally sub-normal boys, at a rental of £300 per annum. Later the Authority bought the property.

By April of the following year the school had transferred to Kingsdon and a month later, May 12th, it was officially approved as a boarding school (special) and numbered 30718.

The next five years were real teething years and it was not until June 1953 that three purpose-built classrooms came into use. This enabled the roll to be increased to 60 with a teaching and supervisory staff consisting of the Headmaster and four teachers. By October 1955 Assistant Matrons were appointed to all Residential Schools.

During these early years the staff and boys embarked on the enormous task of building a swimming pool. Their zest was rewarded by the Authority completing the job for them and, much later, installing a chlorinating plant.

In addition to the classrooms, a dining hall also used as an assembly hall and wet weather playroom was also built. During this period in 1955 the first two teaching staff houses were built and increased to four by 1958. Before his retirement in 1964 Mr. Morris had also seen the planning of the new 'Play Wing', toilets and showers.

This wing was opened in June 1966, by which time Mr. Austin had taken over as Headmaster and the 'settling in' period had started. During his five years the staff was increased by one teacher and two part-time supervisors.

Among many extra amenities obtained at this time were a minibus, a sports pavilion, built by staff and pupils, and practice wickets were laid.

Hobbies were included as an essential part of evening duties. The school became affiliated to Somerset Schools Association and for the first time took part in organised cricket, football, athletic and swimming competitions. In passing, it might be mentioned that after the initial cricket match in 1966 the school has not lost another game against a Somerset school up to the time of going to press.

During this period, every effort was made to provide some form of self-contained accommodation for the Headmaster and his family, so after 16 years the Headmaster finally had completely private accommodation within the school. They had been real 'Pioneers'.

By 1970 Mr. Austin had left and the 'Developers' arrived led by Mr. Cummings. Staffing has improved by the appointment of a special P.E. teacher to fill one of the vacancies that arose. The number of Houseparents we are allowed to employ has been increased to five. We now hope to complete the team of six. Two houses are soon to be built in the school grounds for married houseparents.

There is a flourishing judo class operating one evening a week and this has already produced several boys who have been selected to represent the County of Somerset. The sporting activities started under Mr. Austin have continued and now include many more games with other Bristol schools.

A group of older boys is taking part in a scheme for the Duke of Edinburgh's Award. The Yeovil Division of the Somerset Fire Service has been most co-operative in running classes for the service section of the Award. Other boys have been working with the staff to build six glass-fibre canoes to extend our outside activities.

A pottery room has been established in the cellar and, more recently, a suitably equipped metalwork room has been set up in the 'play wing', thanks to official advice and encouragement and much hard work from the boys and staff. These and other changes have enabled the C.S.E. class syllabus to be expanded to include, besides geology, woodwork, art and metalwork. Encouraging results have so far been obtained, including some Grade I results in the 1973 examinations.

A successful start has been made to establish a school library in the front hall and the swimming pool is now covered.

More than one quarter of the boys go home regularly each weekend and for the past two summers ten boys have gone for a ten day educational visit to South Wales. Moreover, regular trips to the seaside and places of interest take place every week. Thus within and without the school every chance is taken to widen the boys' experience. They are also encouraged to have their own radio, record players and tape-recorders.

The leavers' class, with regular and frequent visits from the Careers Officer and the school's work experience scheme, has assisted our boys in holding employment. It has also made it possible for boys to change their jobs in the correct manner thus avoiding long periods without work.

The school has gained much help and advice from the regular visits of our Educational Psychologist and Speech Therapist. Both Mrs. Bennathan and Mrs. Saunders are well known and liked by all our boys thus facilitating testing and treatment. We still hope that one day we will be granted regular psychiatric help since the need grows every year.

Not only have the building, grounds and amenities changed and improved over the years, but to those who have known the school for the past twenty five years, and among those are many old boys, even the very atmosphere is said to have changed for the better.

Now that Bristol has slowly but surely laid the foundation, it is to be hoped that Avon will be eager to build.

Croydon Hall School

Mrs. E. H. Cummings

Since 1947 Croydon Hall School has survived five Head Teachers and changed from boys and girls to senior girls. Miss M. H. Davies reigned for 20 years, retired eight years ago. If anyone mentions Croydon Hall, the response is "and how is Miss Davies?"

Next July the school closes. One hopes it will open again for other handicapped children. This 15th century house has warmth, an exciting environment and security to offer deprived children. Rarely does one find a residential with the goodwill of neighbours, local towns and vill-

ages such as here.

Leavers try various jobs (mornings only), switching every fortnight - Wimpy Bar, Crock of Cream, helping a pensioner, 3 play groups, a super-market, greengrocer, pet shop, etc. Though the girls are unpaid (but insured) they are treated as if they are really at work, and the employers help us in trying to correct any wrong attitudes. We tried potato sorting but are too slow to work in a team! We have generally good reports and the girls achieve some independence and self-esteem.

Minehead Further Education Centre has many day courses, mainly cookery, but including corndolly making, cushion smocking, lamp shade making, Christmas decorations and Easter decorations. A few girls attend these with a member of staff and realise that learning doesn't finish at school. Bobbin lace making classes are held at the school, and girls also go out weekly to rushwork. Red Cross classes are also in full swing.

Six leavers attend Bridgwater Technical College Linked Course. Four girls will attend Somerset Education Authority's next Residential Course for Special School Leavers at Kilve.

Eleven girls have started to aim towards the Duke of Edinburgh's Bronze Award. The seven mile walk is a mere nothing up here near the Brendon Hills. Should a girl ask if she can go round the "Block" we know she is off for a 3 mile stroll; the "Triangle" is a mile, the "Park" $4\frac{1}{2}$ miles with a village playground with swings and seesaw, while the "Ford" is $6\frac{1}{2}$ miles. Fortunately we all love walking.

The school is renowned for its embroidery and soft toy making. Much of this is due to the patience of the Matron, Mrs. W. Deas, who has made the school her home for 26 years. It is her understanding and forbearance that has pulled many of these girls through. She will feel the closure more than anyone.

What does Avon hold for Croydon Hall?

Other Residential Special Schools

At the end of 1973 the following children were being maintained at other residential schools for educationally sub-normal children:

	Boys	Girls	Total
All Souls' School, Hillingdon	-	1	1
Amberley Ridge School, Nr. Stroud	2	-	2
Besford Court R.C. School, Worcs.	2	-	2
Bownham Park School, Stroud	1	-	1
Pitt House School, Torquay, Devon	5	-	5
St. John's School, Brighton	2	2	4
Westhaven School, Weston-Super-Mare	2	-	2
	14	3	17

In addition one boy was attending a further education course at Turners Court, Benson, Oxford, and one boy at Lufton Manor, near Yeovil.

E.S.N. School Leavers, 1973

	Boys	Girls	Total
Referred to Department of Social Services	17	18	35
Referred to special school welfare officer for after-care	<u>22</u>	<u>9</u>	<u>31</u>
	39	27	66

MALADJUSTED CHILDREN

At the end of the year 130 maladjusted children were being maintained in residential schools and hostels as listed below. The previous year's total was 112. In addition 17 boys and 5 girls attended as day pupils at the Woodstock School, Kingswood.

	Boys	Girls	Total
Barwick House School, Yeovil	3	-	3
Berrow Wood School, Nr. Staunton, Worcs.	4	-	4
Bicknell School, Bournemouth	2	-	2
Bladon House, Nr. Burton-on-Trent	1	-	1
Bredon School, Pull Court, Bushley, Tewkesbury	1	-	1
Caldwell Hall, Burton-on-Trent, Staffs.	2	-	2
Cam House, Dursley, Glos.	12	-	12
Chelfham Mill School, Barnstaple, Devon	7	-	7
Childscourt School, Nr. Wincanton, Somerset	-	4	4
Clouds House School, East Knoyle, Shaftesbury	2	-	2
Collegiate School, Winterbourne, Glos.	-	2	2
Colston's School, Bristol	2	-	2
Cotswold Chine Home School, Box, Nr. Stroud, Glos.	-	1	1
Dawlish College, Kenton, Nr. Exeter, Devon	5	-	5
Dennington College, Swimbridge, Barnstaple	2	-	2
Devonport House, Buckfastleigh, Devon	2	-	2
Divine Mercy College, Henley-on-Thames, Oxon.	2	-	2
Dowdeswell Court School, Nr. Cheltenham, Glos.	2	-	2
Falcon Manor School, Towcester, Northants.	4	3	7
Grangewood Hall, Wimborne, Dorset	2	-	2
Heanton School, Barnstaple	1	-	1
Heathercombe Brake, Manaton, Devon	2	2	4
Hill House School, Lymington, Hants.	4	-	4
Holbrook Manor School, Hereford	1	-	1
Jolliffes School, Shaftesbury, Dorset	1	-	1
Lupton House School, Churston Ferrers, Nr. Brixham, Devon	2	-	2
Marchant Holliday School, Templecombe, Somerset	3	-	3
Marland School, Torrington, Devon	1	-	1
Millfield School, Street, Somerset	1	-	1
Morrison's Academy Boys' School, Perthshire	1	-	1
Muntham House, Horsham, Sussex	1	-	1
New Barns School, Toddington, Glos.	1	1	2
Port Regis, Residential School for Delicate Children, Kingsgate, Broadstairs, Kent	1	-	1
Q.E.H., Clifton, Bristol	1	-	1
Red Maids School, Westbury, Bristol	-	4	4
St. Francis School for Boys, Hook Beaminster, Dorset	2	-	2
Salesian School, Longhope, Glos.	1	-	1
Sibford School, Sibford Ferris, Banbury, Oxon.	1	-	1
Sompting Abbots, Lancing, Sussex	1	-	1
Shotton Hall School, Shropshire	3	-	3
Stanbridge Earls School, Romsey, Hants.	1	-	1
Stinsford School, Dorchester, Dorset	1	-	1

Sutcliffe School, Winsley, Wilts.	2	-	2
The Friends School, Saffron Walden, Essex	-	1	1
The Gables Hostel, Willand, Nr. Cullompton, Devon (attends local school from there)	-	1	1
The Hatch, Thornbury, Glos.	1	-	1
The Mount School, Chepstow, Monmouth	4	-	4
The Mount School, York	-	1	1
Ward House School, Bere Alston, Yelverton, Devon	4	-	4
Warleigh Manor School, Bath, Som.	4	-	4
Wells Cathedral School, Wells	3	-	3
Wessington School, Woolhope, Herefordshire	2	-	2
Whitestone Head School, Holsworthy, Devon	4	-	4
	110	20	130

DELICATE AND PHYSICALLY HANDICAPPED CHILDREN - DAY SPECIAL SCHOOL

South Bristol School

C. Williams

Throughout 1973 we had more pupils on the roll than the 150 the new building was designed for; this was achieved only by taking back into classroom service one of our old buildings. The weekly boarding unit, to accommodate children from areas too far away for daily travel, was also full at the end of the year.

Pupils were taken out on a wide number and range of educational visits, and some interesting visitors came to tell children of their own work (perhaps the most popular were the chocolate makers who came to demonstrate some processes and left samples!). The Head and several members of staff attended courses on disturbed children, the visually handicapped, and caring for the disabled.

Valued improvements came during the year; some additional ancillary staffing, the welcome clinics of Dr. W. Schutt, the neuro-paiatrician, and also the regular part-time visits of a teacher to deal with the special needs of some blind pupils.

The external examination group gained its first G.C.E. and C.S.E. passes. The student gaining most successes was a girl who had spent the whole of her school life with us.

Ten pounds or so spent on an inflatable dinghy purchased much more than that in happiness. Some children who can not yet be allowed in the pool can now sail on it. A hoist has been mounted on the wall of the swimming pool, and we await one for a bathroom in the hostel. Hard-worked and sometimes volunteer staff in the pool and hostel have gained much insight into the problems of the heavily handicapped and their families.

On the debit side, 'industrial action' - or the threat of it - has again hindered the activities of the school. The writer believes this to be unworthy, but also that some supporting staffs are under-rewarded. In particular, a good school caretaker is undervalued and South Bristol's work suffered for the last third of the year when Mr. Ramsey, our caretaker for over eight years, left.

Home Tuition

Two full-time teachers are employed in this department. Each, in

an average week, will drive over 100 miles to pay visits to seven or eight children.

There is a continued, or even increasing, burden of those who are not in school because of emotional troubles or personality disorders. A possibility exists that staff who have joined the service to meet the needs of the physically-handicapped - and do this very well - will have their enthusiasm blunted by pupils whose behaviour has caused them to be excluded from school.

Hospital Teaching

Our hospitals' team, now four full-time aided by three part-time teachers, continue to deal with about fifty child patients in the Royal Hospital for Sick Children, Bristol Royal Infirmary, and Southmead Hospital.

Delicate and Physically Handicapped Children - Residential Schools

Periton Mead School

F. C. Wilkinson

Our school at Minehead - 'Premier Seaside Resort of West Somerset' is beautifully situated in the National Park and the air, either down from the Moor or up the Channel, must be some of the finest in the country. It is not to be wondered that the children's general health has been good throughout the year; it would seem that, as a boarding school community, we either miss anything which is going about or else we catch it and everybody has a turn. This year we must have missed a turn as we have been singularly free of ailments. It may be pertinent to comment that, with a higher proportion of disturbed children and a corresponding reduction in the number of delicate pupils, we could have less of a health hazard.

Throughout the year we have maintained a steady 65 children on roll, including 33 boys, and our only regret is that we cannot take more. We are a small school but a large family and this year we have been blessed by the 'arrival' of twin girls. The 65 children are 'The Mixture as Before' - Delicate, Disturbed or Deprived, age-range 6 - 16 (for three weeks it was 5 - 16!), with a full range of intelligence from E.S.N. to Mensa and a cross-section of backgrounds from several counties.

During the year we have admitted 17 pupils to take the places of a like number who have left, some as statutory age-leavers others as transfers to day schools in their own locality. This turnover of pupils is rather less than in previous years.

Our more able pupils have sat external examinations, Pitman and the Royal Society of Arts, with a very high proportion of certificates. This year has seen the start with reorganised classes and a new timetable to commence a two-year C.S.E. Course, which has a wider scope and is more generally recognised by employers. Pupils have got off to a good start in the two senior classes of the five into which the school is organised. The lesson prep. periods from 4.30 to 5.30 are popular with the older pupils and the possibility of being able to take a wider range of subjects has engendered a lively interest. The boys particularly are showing a keenness to find out more for themselves beyond each lesson. The girls are taking Domestic Economy, three groups, and it is hoped to be able to cater for boys, too, next year.

There was great excitement at the arrival of our minibus; we had been waiting quite a time for it, and now after some months we wonder how-

ever we managed without it. Excursions have always been popular as there is so much of interest in the locality. The minibus has been useful, too, for away fixtures, camping weekends and swimming parties, quite apart from the 'bread and butter' duties of school transport.

The adventure playground, started in 1972, has been the source of considerable pleasure. It is an ambitious, open-ended scheme involving levelling of the site, paving in the natural Treborough slate with contrasting yet complementary areas of cobbles - it is staggering how much one uses - grassing down other areas to avoid the usual playground appearance, setting in the equipment both manufactured and home-made and still there is plenty to do. The boys and girls have enjoyed doing 'men's work', operating the hired concrete mixer and digging out the pool; the D.I.Y. skills learned will be remembered and no doubt prove useful in the future.

The mention of external work reminds one of the internal decoration. The main dining hall has been redecorated and now includes, as a special feature, a fine inlaid area of our own tiles, all made by the pupils themselves. Pottery has a strong following in the school and, no doubt, in years to come when they visit ex-pupils will point out their own handiwork, the overall effect of which is most striking. When the decorating was finished new furniture completed the 'Ideal Home' image!

Perhaps the most important day on the calendar to us is the annual Open Day; this year, as usual, it was held on the first Saturday in June. It is estimated that some three hundred parents, relatives and friends visited and enjoyed the day. It was a great success, the weather was perfect and all visitors were in a sunny, generous mood. We look forward to the next time.

Delicate and Physically Handicapped Children at Other Residential Schools

The following children were maintained at residential schools for the physically handicapped:

	Boys	Girls	Total
Craig-Y-Parc School, Penttyrch, Cardiff	1	2	3
St. Rose's School, Stroud	-	3	3
Thomas Delarue, Tonbridge, Kent	1	2	3
	2	7	9

Under further education arrangements 3 girls were undergoing training at St. Loyes College, Exeter.

Delicate

Three boys and one girl were in attendance at Moun-ton House School, Chepstow.

Epileptic Children

In addition to the 22 epileptic children (11 boys and 11 girls) for whom special educational treatment was provided at our own day schools, three boys were being maintained at the end of the year at the Lingfield Hospital School for Epileptic Children, Surrey.

Children with Speech Defects

At the end of the year, ten children were in the special class for children with delayed speech at St. James' and St. Agnes' Nursery School and six in the unit at Easton Road School.

Children with Multiple Handicaps

In December 1973, 17 children with multiple handicaps were maintained at St. Christopher's School, an independent school in Bristol for children in need of special care, 3 boys and 1 girls as boarders and 8 girls and 5 boys as day pupils. Two girls and 1 boy were in attendance at Springfield School, Bristol.

THE CEREBRAL PALSY CLINIC

E. E. Warr

This specialised clinic continued to operate in the out-patient department of the Children's Hospital for the greater part of the year. Its function and character changed little from previous years. The primary purposes of the clinic are to give more intensive medical supervision to cerebral palsied children than is possible in normal out-patient clinics, to provide a selection service for children with the condition who require special education, to provide surveillance services in normal schools for children with milder forms of the condition and to ensure that the widest possible view of the children's problems is taken by the provision of an assessment team drawn from various disciplines.

At the conclusion of the year, The Children's Centre attached to the Homoeopathic Hospital was opened. This Centre will, in future, provide services similar to but more extensive than those available at the Cerebral Palsy Clinic. It is intended to serve as an assessment centre for children with long-term difficulties, providing a multi-faceted assessment service within a single building. Children with Cerebral Palsy obviously require services of this sort and they and the various members of the assessment team have transferred to the Children's Centre. Mrs. M. Perkins has been appointed Sister-in-Charge of the Centre and Mrs. M. West, Social Worker.

It is already apparent that the team approach to assessment and supervision which operated so well at the Cerebral Palsy Clinic has not been damaged by the transfer. The proposed expansion of services within the Centre should result in much more effective and more co-ordinated care of the children and better advice and support for their families.

CLAREMONT SCHOOL

Miss M. J. Ram

We ended the year with 64 children in the main school and 20 in the assessment nursery, 14 of the latter being part-timers.

There is still considerable difficulty in placing children from this nursery when their assessment is over, but there has been some movement. Of the children with cerebral palsy, two went to a Gloucestershire unit for young E.S.N.(S) children, one was transferred to Florence Brown school, two went to normal nursery, and one to normal infants' school. We took two into the main school. Of the spina bifida children, three transferred to South Bristol school, one went to boarding school at the request of the parents, two have transferred to our main school and one died.

In the main school most of the children are still concentrated in the

infant and junior classes. We have had only twelve children of secondary age, and one full-time school leaver. Teachers and therapists have continued to work together according to Peto principles, helped by a visit in the previous autumn of four members of staff to Budapest.

Parties of children have continued to visit Winford Hospital regularly for pony-riding, and the Parents' swimming club has met weekly at New Fosseway school.

The Parents' Association has helped the school by providing equipment and by organising working parties to make and repair apparatus and toys. Our programme of filming the children's progress is now supported mainly from the Association's funds.

Plans have been drafted for a new building to replace our first-floor classrooms. This follows a Fire Officer's recommendation.

HEALTH EDUCATION

Miss S. M. Mountford

The Health Education Section continued to provide a developing source centre service of visual and audio-visual teaching aids, information and advice, which is widely used by teachers from maintained and independent schools and Colleges of Education.

Whereas the source centre provides a back-up service for all educators, our wider aim is to stimulate schools to recognise health education as an integral and continuous part of formal education. In an attempt to consolidate this there is now a teacher designated "Health Co-ordinator" in each maintained secondary school. In 1973 this was extended to other schools who were invited to nominate staff and 6 direct grant, 6 independent and 7 special schools agreed to participate.

In-service seminars for Health Education Co-ordinators and other appropriate teachers were arranged on the subjects of SMOKING and HEALTH (67 attended, including 21 from primary schools), TEACHING FIRST AID (28 attended) and NUTRITION (150 attended, including delegates from commerce and industry). A first aid competition with eliminating heats attracted 2-man teams from 15 secondary schools and the final took place on Saturday, 14th July. The winners (Brislington School) received the Silver Rose Bowl, awarded annually for safety and first aid achievement.

A 'Prevention of Poisoning in the Home' poster competition was organised for primary schools in the spring term. Teaching notes and aids were offered to schools and the objective was to stimulate the children's interest in the subject and their parents' interest in the local 'Unwanted Drugs Collection' campaign. 435 posters from 15 schools were entered. The 3 prize-winners received their prizes from the Chief Constable and a selection of posters was displayed in a Corn Street Insurance Office window.

Twenty-four primary schools participated in a Preventive Dentistry Week organised by the Bristol University Dental School in the spring term. In the autumn term the Chief Dental Officer spoke to the Primary Health Panel of 10 Heads on the state of children's teeth; films were viewed and the Nutritionist reported on the progress of "Operation Apple".

The Nutritionist (Miss G. D. Burman, who succeeded Miss M. Chapman in January 1973) has developed a wide programme of nutrition education for schoolchildren via teachers, parents, students in training etc. The two main aims are - to emphasise the need of wise eating and to combat dental caries and obesity. "Operation Apple", a project to promote the sale of apples and cheese in school tuckshops, has now been taken up by about $\frac{1}{3}$ of the primary schools. If one includes schools which sell nothing at break, about half of the primary schools now prohibit the sale of sweets and biscuits. Three secondary schools participated in a Milk Marketing Board pilot scheme to test the use of dairy produce vending equipment and as results were encouraging it is hoped to develop in 1974.

Workshop sessions for teachers who attended the Nutrition Seminar were being planned by the end of the year and will be in full swing in 1974.

INFECTIOUS DISEASES IN CHILDREN

A. J. Rowland

The most notable change this year by comparison with 1972 has been the reduction in the number of cases of measles notified in school children. This is thought to be attributable, at least in part, to the use of measles vaccine in the youngest age groups in recent years. Although no disease has shown a correspondingly dramatic increase in incidence, some increases are present in notifications of gastro-intestinal infections (dysentery and food poisoning) and there were two small school outbreaks of dysentery during the autumn term, both in schools in the north-western part of the city.

Infectious disease notifications in children aged 5-14 years Bristol County Borough 1971-1973

	1973		1972		1971	
	No.	%*	No.	%*	No.	%*
Measles	194	51	737	53	560	56
Rubella	230	50	994	55	695	55
Infective jaundice	51	32	34	32	47	37
Dysentery	45	47	29	22	24	29
Scarlet fever	39	59	60	64	57	58
Whooping cough	2	18	6	27	132	45
Food poisoning	28	18	6	7	167	35
Tuberculosis	6	8	2	3	8	9
/(pulmonary)						

* Percentage of total notifications in the year.

/(Excluding inward transfers.

Tuberculosis

The increased number of cases of tuberculosis this year, although slight, is none the less a reminder that this disease is not yet conquered, and is always likely to return unless we maintain our defences against it. The following tabulation gives details of routine tuberculin testing in secondary schoolchildren in the city, and the rise in the natural conversion rate this year is a further reinforcement of the need for continued awareness of the disease. The rate this year was 11.7%, which may be compared with rates of 5.8%, 6.8% and 7.1% in the preceding three years.

Protection against Tuberculosis

Children who are found to be tuberculin negative, or only weakly positive with no previous history of B.C.G. administration, are given B.C.G. in order to immunise them against tuberculosis. This year, 4,129 children were protected. The acceptance rate for B.C.G. protection continues at a fairly high rate of about 85%. Complete details are as follows:

Schools B.C.G. 1973

Number Heaf tested:	5,339
Number defaulting reading:	480
Number tested and read:	4,859
Number found negative:	3,996 (2 refused B.C.G.)
Number vaccinated - Negative	3,794
Pos. 1 <u>335</u>	4,129
Number with previous history of B.C.G.	
Found positive to skin test and not vaccinated	438
Found negative to skin test and re-vaccinated	6
Number found positive with no history of B.C.G. (natural converts)	625
Natural conversion rate	11.7%
Acceptance rates: L.E.A. Schools	84.3%
Independent	85%

MEDICAL EXAMINATION OF TEACHERS

During 1973, 102 intending teachers were medically examined in Bristol prior to appointment with the Local Education Authority; in addition 35 were examined by other Authorities for employment in Bristol, while 28 teachers were examined for other Authorities at their request. The number of young persons examined in connection with admission to teacher training colleges was 634 and 2 entrants to colleges were examined for other Authorities. During the year 301 teachers completed medical questionnaires, 214 subsequently being given appointments for up-to-date chest x-rays.

Chest X-rays

In addition, under the normal arrangements, appointments for chest x-ray examinations were offered to 1,248 teachers during the year and 604 accepted (48%). Of those recalled for larger films to be taken, it was considered desirable in 12 cases to notify their general practitioners of the findings, which concerned mostly minor cardio-vascular or lung conditions.

MEDICAL INSPECTIONS IN SCHOOL

A complete periodic medical inspection was made of 12,875 children attending the Authority's schools. All children are medically inspected during their first year in the infants' school and older children on entering a maintained school for the first time. A periodic medical inspection is also made of all children at the age of 14. In addition, 7,588 children were re-examined in primary, secondary, or special schools

and 925 specially examined at the request of school nurse, teacher, parent or others. In nursery schools and classes, all children were examined on entry, and 507 re-examinations took place. The total number of inspections in schools was 21,895.

Co-operation of Parents

The number of parents present at periodic medical inspections during the year was as follows:

Age group inspected (by year of birth)	No. examined	Parents present	Per cent
1968 (and later)	1,091	1,053	96.5
1967	1,437	1,232	85.7
1966	3,995	3,457	86.5
1965	461	349	75.7
1964	187	130	69.5
1963	162	122	75.3
1962	139	97	69.8
1961	288	180	62.5
1960	210	127	60.5
1959	181	88	48.6
1958	230	110	47.8
1957 (and earlier)	2,512	741	29.5

Infestation

The following table shows the number of children found to be infested each year since 1961:

	No.	School Population	Per cent
1961	748	65,853	1.13
1962	672	65,242	1.03
1963	606	65,671	0.92
1964	691	66,374	1.04
1965	717	66,710	1.07
1966	714	66,132	1.08
1967	639	65,999	0.97
1968	609	67,149	0.91
1969	576	67,787	0.85
1970	569	68,474	0.83
1971	744	70,184	1.06
1972	987	71,709	1.38
1973	1,042	71,046	1.47

MILK AND MEALS IN SCHOOLS

J. A. Battersby

The number of pupils taking milk on a day in October 1973 was 16,147. This included 587 pupils taking milk on medical grounds.

On average, 38,406 meals were served daily this year representing 71.2% of pupils present in Primary Schools and 41.8% in Senior Schools.

In all 59.3% of pupils present took a meal. 7,659 free meals were provided daily, a reduction of approximately 600 on last year's figure.

The daily number of meals produced by the end of the Autumn Term was the highest in the history of Bristol's Meals Service and it seems that the service will move into Avon County with a bumper production record.

The rising cost of food has been a major pre-occupation during the course of the year. It becomes increasingly difficult to contain the unit cost of food and there comes a point when no further economies can be effected if a balanced and varied menu is to be provided. This point has been reached. The cost of food increased from 6.66 p. per meal in 1972/73 to an estimated 8.5 p. per meal this year. Rises are due chiefly to national increases in the price of animal protein foods; but all food-stuff prices are rising steadily.

New kitchens were opened at Hartcliffe Nursery (125 main meals), Novers Hill Nursery (40 meals), Whitefield Fishponds Comprehensive School (900 meals), Easton C. of E. School (500 meals) and St. Bonaventure (370 meals).

Fire broke out on the evening of 10th April at the old central kitchen at Filwood Park. Meal production was swiftly organised at three other kitchens and the meals were provided next day as usual. The roof damage was such that it was decided not to re-open this kitchen and the 750 meals required are now produced in other kitchens.

Throughout the year liaison has continued between the training centre and Public Health Inspectors, who give instruction to our staff on food hygiene and the Ambulance Service who give first aid instruction. We welcome this assistance and hope that it will continue in the Avon County school meals training schemes.

MILK, FOOD AND HYGIENE IN SCHOOLS

T. K. Aston

Routine Inspection of School Kitchens

Each kitchen was visited on at least two occasions during the year and a thorough inspection carried out under the Food Hygiene (General) Regulations, 1970.

Twenty-one minor defects were found and brought to the attention of the Chief Education Officer, who arranged for the necessary work to be carried out.

Food Sampling

Throughout the year routine samples of milk and other foods were taken for examination by the Public Analyst. The milk samples were subjected to the statutory tests, and no adverse reports were received.

Over fifty samples of other foods were examined and only one item was found to be unsatisfactory. This was a small quantity of egg yellow which appeared to be old stock and was subsequently withdrawn.

Food Inspection and Complaints

On several occasions the Inspectors were asked to advise on the fitness or otherwise of a variety of foods for human consumption, and arrangements were made for suitable disposal where necessary. Very few complaints were received from the School Meals Service regarding meat supplied under contract. Some of those that did occur appeared to arise from the fact that the meat in the first instance had been frozen by the producers when not in fresh condition. This is not easily detected if the meat supplied to the kitchen still has ice in it.

However, there were occasions where more serious complaints were made to the Department regarding supplies of food delivered to kitchens, and as a result it was necessary to institute legal proceedings; for example, a can of rhubarb found to contain a piece of wood resulted in a fine of £30 against the canners; a foreign object in a bottle of school milk resulted in a fine of £25 against the dairy company; rodent droppings alleged to have been present in a bag of macaroni delivered to a school kitchen, legal proceedings instituted and awaiting a hearing. There were a few other incidents which were considered, but insufficient evidence was available for proceeding with formal action. A suitable warning was given to the suppliers where appropriate.

Edifas

At the beginning of March a complaint was received concerning an unusual odour present in Edifas. This odour was said to be similar to the smell of moth balls. A sample of this batch was examined by the Public Analyst who reported that there was a slight taint which it had picked up. Similar complaints were received from other kitchens throughout the month and samples were taken from each. Finally in one sample at the end of March the Public Analyst after a great deal of research was able to detect a minute quantity of Naphthalene with which the sample appeared to be contaminated to the extent of 40 p.p.m.

There then began a nationwide investigation into the origin of this product and it was traced back through the suppliers in Bristol to a warehouse in Exeter. The appropriate Authority for that area was asked to investigate the premises, but unfortunately no explanation was found there. The Edifas was then traced back to its manufacturers in Manchester who were made aware of the situation and they confirmed complaints had been received from other parts of the country.

Although no real explanation was found it was assumed that this contamination took place whilst the product was in transit by rail. To prevent the possibility of a recurrence the manufacturers agreed to modify their packaging and to date no further complaint has been received.

It is pleasing to note that the standard of food hygiene we have come to expect in school kitchens was maintained, and liaison between the Department and the School Meals Service continued throughout 1973.

ORTHOPAEDIC AND POSTURAL DEFECTS

During 1973, 16 sessions were held at the Central Health Clinic by the Orthopaedic Surgeon, Mr. D. M. Jones, as compared with 13 in 1972. A summary of attendances is given below, together with the previous year's figures for comparison.

ORTHOPAEDIC INSPECTION CLINIC ATTENDANCES

	School Children			Pre-School Children		
	First	Others	Total	First	Others	Total
1973	170	59	229	86	38	124
1972	125	53	178	67	20	87

PHYSIOTHERAPY

Central Health Clinic

Two sessions a week were quite adequate for the number of children requiring treatment at this clinic during 1973, but the department remained staffed for afternoon appointments whenever necessary.

As in previous years the treatments required have been mainly short wave diathermy for upper respiratory conditions, postural drainage, breathing and postural exercises for other respiratory conditions. Fewer children were referred for ultra violet light treatment.

The orthopaedic clinics continued to be held each month, a total of 353 children attending.

Physiotherapy treatment sessions were also held at some peripheral clinics.

Lawrence Weston Clinic

Two sessions were available for ultra violet light treatments, a few children with respiratory conditions also being seen.

Stockwood Health Centre

Two treatment sessions were held each week. A further half session was necessary during November for the treatment of respiratory conditions.

St. George Health Centre

Fewer children were referred during 1973. One full session was available for treatment, but further appointments were made at the Central Clinic.

William Budd Health Centre

There has been a marked increase in the number of children treated at this centre. It was felt that if room was available there were sufficient referrals for two full treatment sessions.

Mary Hennessy and Amelia Nutt Clinics

A few children continued to be treated during 1973. These were mainly for respiratory conditions.

As in previous years other forms of physiotherapy treatment available at the above centres/clinics were:

Infra red irradiation.
Galvanic and faradic treatment.

At- ten- dan- ces	CENTRAL CLINIC				Lawrence Weston				St. George		Stockwood		William Budd	
	Remedial Exercises etc.		S.W.D.		U.V.L.		U.V.L.		1st	Other	1st	Other	1st	Other
	1st	Other	1st	Other	1st	Other	1st	Other						
1970	57	545	66	539	11	69	33	231	-	-	-	-	-	-
1971	55	406	64	644	7	66	16	111	12	24	4	26	8	7
1972	45	272	56	474	4	23	7	135	4	11	11	136	32	82
1973	34	202	45	366	4	23	9	75	3	11	9	73	42	90

PHYSICAL EDUCATION

R. Jenkins

We are fortunate as a nation in that physical education is recognised as a necessary and integral part of the educational system. In the last decade or so schools have played an important part in preparing young people to use their increasing leisure time usefully by introducing them to a variety of sports pursuits including those which are enjoyed in the countryside and on water. There has been an explosion in the growth of sailing, canoeing and other water sports and schools can take some of the credit for this because the extension of the physical education programme to include outdoor pursuits has fired the enthusiasm of many young people to continue with the activity when they leave school. The Government realises that sport and leisure pursuits are expanding in all directions and the efforts of the Sports Council in encouraging Authorities to provide facilities is having encouraging results. Whitchurch Sports Centre is well established, Chew Valley Lake provides opportunities for sailing enthusiasts, and the proposed development of Severn Shed at Redcliffe Bridge will provide opportunities for young people to construct and repair small sailing craft and canoes, and at a later date, use them on the river when the level of pollution decreases.

Physical Education in schools is going through a period of consolidation following the extension of the programme, and the construction of four Sports Halls enables a varied programme of indoor activities to be organised. Volley Ball is one of the games which has increased in popularity as a result of improved facilities and the success of Speedwell School in winning the National Championships in both boys and girls events is worth recording. Swimming continues to be a prominent feature of the physical education programme and the 10 Public Baths are augmented by 8 constructed in secondary schools and 5 in primary schools.

The burden of financing a massive extension to the sports provision nationally is proving a problem and local authorities are being exhorted to ensure that existing facilities are fully used. Bristol has been, for many years, committed to a policy of dual use of school buildings and playing fields and in this city it can be claimed with justification that Sports Halls, gymnasia, swimming baths and playing fields are available to the community throughout the year.

Facilities for recreation in the city are being improved year by year but a disturbing feature is the move which is taking place to dispose of playing field land within the city boundary for housing development. This will reduce quite considerably the amount of open space, increase the density of housing and cause sportsmen to travel to playing fields outside the city. This reduction in grass areas is unfortunate and it is hoped that the trend can be halted through the combined protests of sportsmen in the city.

PHYSICAL EDUCATION (GIRLS)

Miss S. C. Bingham

Physical Education in the Secondary Schools has been undergoing a period of development and consolidation. Many of the Area Conferences have been used as a meeting point to discuss relevant problems in neighbourhood schools, particularly the question of large schools with buildings on several separate sites.

Curriculum development has been one of the main points of discussion and many teachers have attended weekend residential courses run by H.M.Is and the Local Authority. This has helped to merge departments and focus attention on how to make the best use of all members of a department. Many non-specialist staff offer help in a variety of activities, i.e. canoeing, fencing, judo. Without their help the P.E. Departments in these schools would not be able to cope and we are grateful to all staff who give of their time unstintingly in this way.

In the Primary Schools there have been general courses in all aspects of P.E. but special attention has been given to the development of games skills in 5 aside and small games situations.

Five Infant P.E. courses have been held in varying parts of the city to help with the organisation of the class and apparatus work.

In all schools the interest in Dance has increased. The Bristol Movement Association has run two complete days of dance annually for Secondary pupils and these have been over-subscribed. The junior days have also attracted large numbers, including many boys. The social advantage of mixing small groups from schools in various parts of the city has been of enormous benefit and the individual tutors from the Movement Association have made a great success of these workshop sessions. At least two groups of 8 - 14 year olds are meeting regularly on a club basis which shows the growing interest stimulated by these days of dance.

The city is now preparing for activities over a wider area in the new Avon County and it is interesting to note the points of contact already made in the different areas due to the formation of the new Avon County Athletics and Netball Associations.

SCHOOL NURSING SERVICE

Miss M. Marks Jones

As we approach the reorganisation of the National Health Service and its effect on the School Nursing Service it is interesting to recall that health visitors in Bristol for school health service were first appointed

in 1908. Two were appointed to work in public elementary schools and as reported in that annual report of the Medical Officer of Health, were "chiefly engaged under medical direction, in attending to dirty heads, discharging ears and general conditions of cleanliness. They also visited the homes to advise the parents". The health visiting and school nursing services have since then developed separately and they remain separated to a degree by the fact that the former, both locally and nationally, is administered by the Health Department and the latter by the Education Department. When the Education Act 1944 became law it was envisaged that in due course all school nurses should be qualified as health visitors. This was the pattern soon implemented in the city and the appointments were combined in one person - the health visitor/school nurse, part of whose time is paid and accounted for by the Health Department and part by the Education Department. The present establishment of the school nursing service is as follows:-

- 70 Health visitors/school nurses
- 24 School staff nurses S.R.N's employed in the comprehensive schools
- 18 Other S.R.N's who assist in school health duties

The functions of the school nursing service are to provide for both the child and the school and to maintain a link between the child, the home, the school and general practice. Starting in the nursery school and primary schools a health visitor with continuity of service and hence personal knowledge of the children entering, can give invaluable help to the teachers and the parents concerned. However with the increased attachments of health visitors to group practices and this in turn imposing growing demands on her time it has been necessary to relieve health visitors of routine duties.

This has been done by an increased employment of State Registered Nurses, with health visitors continuing to be associated with each school, acting in an advisory capacity and maintaining the link regarding the total health of the child and family. This also enables the health visitor to participate increasingly with health education and to play a more active part as health educators in schools.

In the comprehensive schools the school staff nurses are responsible for the general supervision of the health of the children. The keeping of records relating to illnesses and health surveys are her first responsibilities; first aid and minor ailment treatments are other very important functions, also the role of medical and social support to pupils and staff in times of crisis and making decisions about sick children. More and more of the school staff nurses are involved in counselling pupils who have problems. The advice of the appropriate health visitor is sought when a home visit is considered necessary. The following figures relate to the work of the health visitors, school staff nurses and sessional S.R.N's during the year:-

Number of individual examinations of pupils	101,022
Uncleanliness - first found this year	1,042
Uncleanliness - other	939
Number of homes visited	2,566

Now that the recommendations of the Report on the Management Structure of the Local Authority Nursing Services (Mayston) are implemented, the middle management nursing officers are responsible for the initiation of staff inservice training and the programming of work for increasing

numbers of married staff employed on a sessional basis. It is envisaged that in the reorganised National Health Service nursing staff employed in schools will be provided by the Avon Area Health Authority. This will mean that these nurses will remain within the mainstream of their profession and have available to them the career development and training arrangements provided by the Area Health Authority. It is hoped that the present happy association that exists between the Health and Education Departments will continue in the future. In preparation for the reorganisation a nursing working party, including members of staff of neighbouring authorities, was set up, their report being included in the Working Party Report of the School Health Service submitted to Avon Joint Health Liaison Committee.

SPEECH THERAPY

Mrs. B. Saunders

The last full year before the reorganisation of the National Health Service has not been an easy one. The uncertainties of the future and the lack of information, at national level, on the detailed structure and organisation of speech therapy services has not made for a secure, contented staff, and this is reflected to some extent in the staff changes within the department in the latter part of the year.

The Senior Speech Therapist attended a Tutor's Course on the administration of the Reynell Developmental Language Scales, and following this, a course was held for all speech therapy staff. As a result, with the exception of recently appointed therapists, this useful test of verbal comprehension and expressive language can now be administered routinely in the speech clinics.

The long-awaited move of the Language Development Units to accommodation in the new Easton Church of England Schools took place in September. Though naturally sorry to leave St. James and St. Agnes Nursery and Easton Primary Schools, where we had had a long and happy working relationship, it is proving of great value to have both units under the same roof, with a treatment room available for the use of the speech therapist. Unfortunately, the room provided for the nursery unit is smaller than was available in the old building and so numbers of children attending have been reduced from ten to eight; this is all the more unfortunate as there is a waiting list for places. A recommendation has been put forward for a second nursery language development unit in the south of the city when the financial situation allows.

A survey of accommodation currently in use throughout the city has shown that very few suitable facilities exist for the treatment of the pre-school child. This is regrettable in view of the increased awareness of the needs of this particular group of children. Serious thought will need to be given to this question of accommodation if a comprehensive community service is to develop following reorganisation.

The need to maintain, and indeed, extend links with the education service must also be considered now it is known that speech therapy services are to be organised under the Area Health Authority.

Finally, I wish to record my thanks to the staff of the medical, administrative and clerical services who have given us their support throughout the year.

Numbers of patients treated are given below:-

Year	School Children				Pre-School Children					
	Stammer		Sp. Defect		Stammer		Sp. Defect		Total	
	First	Other	First	Other	First	Other	First	Other	First	Other
1972	89	596	1,182	9,333	11	19	293	694	1,575	10,642
1973	64	411	1,175	8,815	5	16	316	935	1,560	10,177

YOUTH EMPLOYMENT SERVICE

B. M. Dyer

Up to the present economic crisis we have had little difficulty in placing unemployed handicapped young people in suitable employment - assuming they have any employability. We will have to wait to see if this favourable situation is to be maintained through 1974.

In the E.S.N. schools various work preparation schemes have been in operation, ranging from a workshop actually established in a school, to link courses at technical colleges, work experience with employers and assessment courses at sheltered workshops. It is clear that, as in the past, such efforts in the schools will make it easier to place the young people involved in open employment, wherever it is possible.

Of the physically handicapped we were again able to recommend several young people to attend further education in such establishments as St. Loyes College, Exeter, and Hereward College, Coventry. It is hoped that Avon will continue with this tradition which has helped so many young people to find employment which, without further training, they would have been incapable of entering.

THE DEVELOPING SCHOOL HEALTH SERVICE

A. L. Smallwood

At this time of imminent change in the control and status of the School Health Service, it has been suggested that an attempt should be made to summarise some of the changes I have seen in the last 27 years. I came to Bristol in 1947 as the fourth whole time chief assistant medical officer, my predecessors being Dr. R. A. Askins (1914-24), Dr. Ramsay Garden (1924-28) and Dr. A. A. Dalby (1928-47). At that time the Local Education Authority was responsible for the cost of hospital treatment of schoolchildren. This was taken over by the National Health Service in July 1948, as was the cost of providing most but not all of the consultants working in the school clinics. Excellent relationships with hospital consultants and general practitioners were the foundation in 1950 of an agreed system of reference of children, with reports on hospital care available to the School Health Service and general practitioners, whichever had made the reference for paediatric advice.

In 1947 the school population of children was 52,561; in 1973 it is 71,709. The service and the number of staff has increased to some extent but other changes in the character of the School Health Service have had the effect of the better use of staff. The original idea of medical examinations at school of children at the ages of 5, 9 and 14 (and for a short time also at 12) years of age, was eventually replaced in 1963 by examinations only at 5 and 14, with a system of selection of other children in need of medical attention. The altered nature of infection and changing demands resulted in the great majority of doctors' minor ailment sessions ceasing in 1964. The nursing attention to children in schools has also changed. In 1947 the Health Visitor/School Nurse prepared the children the day before the doctor's visit. This was changed rapidly to attendance with the school doctor and, in addition, a system of surveys done by the Health Visitor/School Nurse herself, as a result of which she selected children in need of further advice by the School Medical Officer. The first half-time school staff nurse was appointed in 1962 and the practice spread to most of the secondary schools so that in 1973 12 schools had whole time and 9 schools half-time cover. The nurses, all married, and with their own children, usually have years of hospital experience and are given in-service training in the department. They are on the staff of the school, paid by the Local Education Authority, but with a professional responsibility to the Chief Nursing Officer and their work has been well appreciated.

Over the years the nature of the work of the school doctor has changed. For example, the need to examine intending teachers commenced in 1951; the numbers increased from 222 in the first full year, 1952, to 586 in 1973. Although the medical inspection of children in schools is the basis of the work, each school doctor has been encouraged to develop special interests or to serve a special function. For example, a wart clinic was started at the suggestion of the skin consultant and two sessions a week have since been devoted to this much appreciated service. Similarly enuresis clinics, first started in 1948, now take up 4 sessions a week. One School Medical Officer was attached for some years to the consultants' hospital ringworm clinic. Research has claimed School Medical Officers' attention, for example, the Reid Air Pollution Survey (1966) and the Bristol investigation into the health of immigrant children (1967) and others. The policy has been to attach particular School Medical Officers for long periods to special schools, with, in some cases,

weekly visits. In this way they became expert in the sort of problems displayed by the handicapped children. Health Education has been an increasingly important part of the school doctor's equipment, whether practised to the individual or groups. Schools make use of the subject in various ways. In particular, School Medical Officers have been in demand at times for subjects such as smoking, drugs, sex education and venereal disease. A useful link was formed by some School Medical Officers in turn visiting a local Teacher Training College as lecturer in Health Education topics. In a few instances the experience has stimulated them to take up full time posts as lecturers.

A most important development was the commencement of the Hearing Assessment Service in a small way in 1953, intensified in 1962 with the start of routine screening of 5 year old children. The combined Hearing and Speech Centre in Clifton was opened in 1964, with much benefit from the constant working contact of doctors, psychologists, teachers, speech therapists, audiometricians and others concerned in the service. The Remedial Reading Clinic started in 1967 in adjoining premises, which was additionally helpful to much the same sort of children with communication problems already being identified. One School Medical Officer became the specialist audiologist, with assistance from others. Another became the medical expert in speech problems, from constant association with the senior speech therapist both at Clifton and at the "delayed communication" teaching unit started in 1963 at a central primary school. The expansion of the speech therapy service from two therapists in 1947 to eight, including a senior, in 1973, indicates the importance attached to this aspect of the developing child.

The policy of attaching School Medical Officers for a session a week to paediatric consultants at the Children's Hospital has been pursued with profit to both sides. In particular, School Medical Officers have been attached for one or more sessions a week to Child and Family Guidance teams for periods of at least a year. In a few cases this has encouraged them to stay in the speciality. This highly important and expanding service, commenced in Bristol in 1936, and moved into, at that time, commodious premises in Brunswick Square in 1948. Very quickly the policy was evolved of taking the service to the people by using peripheral clinics as bases, some purpose built. At first there were one part-time psychiatrist, and three psychologists working part-time as educational psychologists and part-time as clinical psychologists; now three part-time psychiatrists and eleven psychologists (including 6 full-time) are hard pressed, with their supporting services, to fulfil existing demands. Recent surveys of the help needed to disturbed children have shown the need for great expansion of the service and it is very difficult to see where the staff is to come from in view of the national shortage in all the disciplines concerned. Especially will this be so when the special educational arrangements are set up for the maladjusted children identified by the diagnostic service. The first unit started in a secondary school in 1967; but many more will be needed, both day and residential.

Although the provision of special educational treatment for handicapped children is a function of the Local Education Authority, the link with the School Health Service is, and needs to be, intimate and one hopes that over the course of years medical opinion has been helpful in developing this service. In 1947 interest in the needs of the handicapped was increasing and, after a survey, the cerebral palsy assessment clinic was set up in 1951 as a joint venture with the Children's Hospital and the Local Education Authority, and was followed in the next year by the opening of the Claremont School for Spastics. This started with 15

pupils and now, with the addition of the Van Neste Nursery in 1971, accommodates about 68 children between 2 and 16 years old. Voluntary Societies had for many years pioneered in the field of handicapped children but obviously touched only the fringe of need. In the past the more gross handicaps, such as those of sight and hearing, benefited most from their efforts and in many ways their early experiences in providing care were most valuable. In the field of defects of sight, the most dramatic change has been the decline in the number of blind children, once the retrolental fibroplasia 'bulge' had moved out of the schools. The closure of the Royal School of Industry for the Blind in Bristol in 1968 made it necessary for Bristol to send its few children in this category to the School for the Blind and Partially Sighted in Bridgend. The incidence of physical disorders has changed markedly in the last 27 years. Tuberculosis of bones and joints, poliomyelitis and rheumatic heart disease have almost disappeared. The last paralytic case of poliomyelitis in Bristol happened in 1959. Instead, the cerebral palsied and muscular dystrophic children are as numerous and live longer, and a fresh problem has arisen in the children with spina bifida surviving in numbers expected to be as great in a few years as those of cerebral palsy. The backward section of the population, freshly named educationally subnormal in 1945, have attracted much attention. Gradually adequate provision has been achieved by the addition of 161 Special Classes (1972 figure) in ordinary schools, to the three day and two residential schools. Another trend in this field is the move in latter years away from single-sex special schools. An advance was made in 1960 when under fresh legislation the rights of mentally subnormal children were safeguarded and parents were given the right of appeal against proposals by the Local Education Authority to regard their children as unsuitable for education. In 1971 two schools in the city which had accommodated the children, formerly known as ineducable, were adopted by the Local Education Authority, which became responsible for the education of all children, no matter how severely mentally handicapped.

Changes in the character of some schools have been quite dramatic over the years, with the general recognition of the complex nature of the handicaps of children, not least of the emotional effect of the physical or mental handicap. This is especially observed at the South Bristol School where many different sorts of handicapped children are educated. A new school on the same site, opened in 1971, was planned with much attention to the nursing and medical care needed. The residential school for delicate children has also altered its habit and now children with some emotional disturbances are accepted to an agreed proportion. Consultants of different disciplines have been encouraged to see the children in the natural environment of ordinary and special schools but comparatively few of them have been able to avail themselves of the experience.

The School Health Service and the staff have therefore seen great changes in the years since the 1944 Education Act. In general the accent has been away from curative medicine to preventive measures associated with Health Education, with a strong emphasis on the virtue of the screening process. This latter activity, as seen in the audiometric screen at 5 and the frequent vision screening by the school nurses, including colour vision screening of boys at 12, is also illustrated by the activities of the nutrition clinic which has given advice, mainly to obese children, since 1955. The Mantoux screening of 13 year old children started in 1954, with B.C.G. offered to those without experience of tuberculosis. The principle is extended by the periodic screen of speech and communication by speech therapists and teachers and of intellectual capacity by

the latter and by psychologists. Further extension of the screening process, say to physical ability and emotional stability, seems desirable.

The proposed change in the character of the School Health Service from a community based service to a paediatric service based on district general hospitals seems to pose a number of hazards. The first is that of loss of confidence by parents, teachers and other workers with children, and the community leaders, in the ability to get the sort of medical advice they want. For 65 years they and their predecessors have lived with the fact of the school doctors' attention to the children in schools to complement the advice that general practitioners have been able to give about the diseases of children. There is a danger that the community's desire to promote the health of children, both physical and mental, may be neglected, and parents and others left to "shop around" for advice without the buffer of the interpretative school doctor. Secondly, the Education Authority needs specific advice about the identification and special care of the handicapped children in its area, a duty laid upon it by Parliament. Identification means that a team of specialists in that particular field, including one or more medical persons, has to take positive steps to fulfil this function. No one doctor can be expert in all fields of handicap and specialism by function is to a large extent inevitable. Special care of the handicapped children involves frequent appearances at the places where they live, for doctors to be familiar with problems as they arise and to be able to offer practical advice about management. Lastly, a service for children should be community based, that is, the service must be taken to the people, whose mistrust of medical advice is often directly proportional to the distance from their homes that it is proffered. This latter principle is already in being in this city in the practice of the Child and Family Guidance Service from which it would still be possible to develop a community based child health service. One disturbing feature is that a pattern of a child health service is not likely to emerge for a few years because of the consideration by a national committee. In the meantime it is likely that key workers, both lay and professional, will seek posts in different and more clearly defined disciplines. It is therefore inevitable that the school health service as known since 1908 and highly developed in efficiency, is in danger of disintegration as a child health service and one can only hope that eventually some order will emerge from the present uncertainty.

NATIONAL CHILD DEVELOPMENT STUDY

F. J. Oldfield

This year saw the commencement of the third follow-up of the National Study involving those children - approximately 16,000 - born in England, Wales and Scotland during the week 3rd - 9th March, 1958. Medical examinations were arranged in the Autumn Term and home visits will take place early next year when Health Visitors will assist parents in completing a sociological questionnaire.

A series of publications has already been issued covering the findings of the previous follow-ups when the children (the 1958 cohort) were aged seven and eleven years and presumably, now that the children are fifteen, this will be the last review during their school lives. Such a longitudinal study as this, the only one of its kind being conducted nationally, is bound to throw up a wealth of valuable information concerning the health and wellbeing of the nation's youth and the findings of this third review will be awaited with great interest.

The National Children's Bureau have traced most of Bristol's quota and to date 120 of the 132 children who took part in the 1969 review are known to be still living or attending schools in the city. In previous years the attitude of the parents has largely determined the degree of participation in the study and in the main parents have felt privileged to take part. This year, however, the young people themselves are of an age to exert their own influence and whilst the large majority have been willing to attend the medical examination, ten have indicated that they no longer wish to co-operate. Personal letters have been addressed to these young people emphasising the importance and the responsibility of being able to take part in such a study and this approach has had the desired effect of renewed participation in at least one case.

A further difficulty in arranging the programme of medical examinations has been the problem of getting some of the participants to attend (even after they had signified their willingness to do so). Attempts to arrange examinations in their local clinics during school holiday periods met with scant success and even when arrangements were made to examine the children in their own schools the position was not greatly improved owing to the high rate of absenteeism of this age group from school now that the leaving age has been raised. However, attempts are continuing to track down these reluctant pupils, some of whom have already failed three appointments, and it is hoped that the programme will shortly be completed. When one considers that each individual medical examination takes 45 minutes (excluding the audiogram) it is burdensome and unrewarding to see administrative and medical time and effort wasted in failed appointments. This feeling is aggravated by shortage of staff and the competing claims on their time of impending reorganisation.

Despite these difficulties, however, seventy of the medical examination forms have been completed and returned to the organisers. Six other pupils have been examined but minor items are delaying the completion and despatch of their forms. The remainder are being sent further appointments, together with persuasive letters and the hope is that the medical examination part of the follow-up will be finished before "the appointed day".

Plans are well in hand for the parental interviews and barring any

unforeseen difficulties it is again hoped that the bulk of these will be completed before next April as thereafter the disposition of health visitors and their duties will be under new management. The Local Authority have always held the view that the benefits accruing to the community from such a study have more than compensated for the administrative and professional time and effort put into it. And, whilst there is no reason to believe that this view will not continue to be taken by the new Area Health Authority, the situation may shortly be reached in which sheer pressure of increasing commitments in an integrated community-orientated health service may make it difficult for health visitors to continue the same role as they have previously played in such valuable, but peripheral, activities.

STATISTICAL TABLES

Year ended 31st December, 1973

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	No. of pupils who have received a full medical examination	Physical condition of pupils inspected	
		Satisfactory No.	Un- satisfactory No.
1969 and later	1,159	1,158	1
1968	1,973	1,965	8
1967	4,020	4,006	14
1966	622	622	-
1965	145	144	1
1964	103	102	1
1963	59	59	-
1962	288	286	2
1961	185	185	-
1960	180	178	2
1959	408	408	-
1958 and earlier	3,733	3,719	14
TOTAL	12,875	12,832 (99.67%)	43 (.33%)

TABLE B - OTHER INSPECTIONS

NOTES - A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person. A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special Inspections	8,754
Number of Re-inspections	14,600
Total	<u>23,354</u>

TABLE C - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	101,022
(b) Total number of individual pupils found to be infested	1,042
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	174
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil

PART II

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

NOTES - These tables show the total numbers of:

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	1,279
Errors of refraction (including squint)	3,269
	<hr/>
Total	4,548
	<hr/>
Number of pupils for whom spectacles were prescribed	1,093

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear	51
(b) for adenoids and chronic tonsillitis	332
(c) for other nose and throat conditions	70
Received other forms of treatment	4,012
	<hr/>
	4,465
MAC 3,860	
USW 45	
HOSP <u>107</u>	
4,012	

Total number of pupils still on the register of schools
at 31st December 1973 known to have been provided with
hearing aids:

(a) during the calendar year 1973	58
(b) in previous years	201

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics (90) or out- patients departments (330)	420
(b) Pupils treated at school for postural defects	170
	<hr/>
Total	590

TABLE D - DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C of Part 1)

	Number of pupils known to have been treated
Ringworm - (a) Scalp	2
(b) Body	33
Scabies	10
Impetigo	34
Other skin diseases	6,049
Total	6,128

TABLE E - CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	579

TABLE F - SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	1,239

TABLE G - OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	50,658
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	4,129
(d) Other than (a), (b) and (c) above.	
Children's Chest Clinic	74
Chiropody	2,393
Enuresis	294
Nutrition	203
U.V.L.	13
Total	57,764

SCREENING TESTS OF VISION AND HEARING

- 1.(a) Is the vision of entrants tested as a routine within their first year at school? Yes.
- (b) If not, at what age is the first routine test carried out? -
- 2.At what age(s) is vision testing repeated during a child's school life? Once a year in Primary Schools; every two years in Secondary Schools.
- 3.(a) Is colour vision testing undertaken? Yes.
- (b) If so, at what age? 12 years.
- (c) Are both boys and girls tested? Boys only.
- 4.(a) By whom is vision testing carried out? School Nurses.
- (b) By whom is colour vision testing carried out? School Nurses.
- 5.(a) Is routine audiometric testing of entrants carried out within their first year at school? Yes.
- (b) If not, at what is the first routine audiometric test carried out? -
- (c) By whom is audiometric testing carried out? Audiometricians.

DENTAL INSPECTION AND TREATMENT

Inspections	Number of pupils			
	Inspected	Requiring treatment	Offered treatment	
(a) First inspection - school	60,134	31,805	25,302	
(b) First inspection - clinic	6,329	-	-	
(c) Re-inspection - school or clinic	<u>5,037</u>	<u>2,890</u>	<u>-</u>	
Totals	71,500	34,695	25,302	
Visits (for treatment only)	Ages 5 - 9	Ages 10 - 14	Ages 15 and over	Total
First visit in the calendar year	7,994	6,867	1,433	16,294
Subsequent visits	<u>8,114</u>	<u>8,023</u>	<u>2,711</u>	<u>18,848</u>
Total visits	16,108	14,890	4,144	35,142
Courses of Treatment				
Additional courses commenced	632	528	97	1,257
Total courses commenced	8,626	7,395	1,530	17,551
Courses completed	-	-	-	13,487
Treatment				
Fillings in permanent teeth	8,987	13,042	4,152	26,181
Fillings in deciduous teeth	8,128	1,192	-	9,320
Permanent teeth filled	8,485	12,525	3,691	24,701
Deciduous teeth filled	7,595	1,126	-	8,721
Permanent teeth extracted	423	1,870	539	2,832
Deciduous teeth extracted	4,662	1,902	-	6,564
Number of general anaesthetics	1,378	612	53	2,043
Number of emergencies	979	905	200	2,084
Number of pupils X-rayed		1,375		
Prophylaxis		3,372		
Teeth otherwise conserved		1,269		
Teeth root filled		88		
Inlays		-		
Crowns		18		
Orthodontics				
New cases commenced during the year		214)	
Cases completed during the year		115)	Includes
Cases discontinued during the year		10)	cases treated
Number of removable appliances fitted		305)	by appliance
Number of fixed appliances fitted		16)	only
Number of pupils referred to Hospital Consultants		203		
Dentures				
Number of pupils fitted with dentures for the first time	Ages 5 - 9	Ages 10 - 14	Ages 15 and over	Total
(a) with full denture	-	1	-	1
(b) with other dentures	-	<u>26</u>	<u>10</u>	<u>36</u>
Number of dentures supplied (first or subsequent time)	Total -	27	10	37

Anaesthetics

Number of general anaesthetics administered by Dental Officers -

Sessions

Number of clinical sessions worked in the year							
School Service				M & CH Service			
Admini- trative sessions	Inspection at School	Dental Health Treat- ment	Dental Health Educa- tion	Dental Health Treat- ment	Dental Health Educa- tion	Total sessions	
Dental Officers (incl. P.S.D.O.)	200	378	5,654	7	348	-	6,587
Dental Auxiliaries			-	-	-	-	-
Dental Hygienists			-	-	-	-	-
Total	200	378	5,654	7	348	-	6,587

Dental Health Education - Activities undertaken by the Authority

Leaflets to Schools and Clinics on request.

Dental Hygiene Kits to five year old school entrants.

Talks to Playgroup parents, Nursery Nurses.

Advice to Primary Teachers' Panel on dental health education projects in schools.

